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TRANSACTIONS

OF THE

Maine Homœopathic Medical

SOCIETY

AT ITS

TWENTY-EIGHTH ANNUAL MEETING

Vol. VIII

HELD AT

AUGUSTA, JUNE 5, 1894

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SOLON ABBOTT, M. D.

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COMMITTEE ON LEGISLATION:

A. I. HARVEY, M. D., W. L. THOMPSON, M. D.,
M. S. BRIRY, M. D., J. W. WHIDDEN, M. D.,
J. H. KNOX, M. D.

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TRANSACTIONS

OF THE

TWENTY-EIGHTH ANNUAL MEETING

OF THE

Maine Homœopathic Medical Society,

JUNE 5, 1894.

MORNING SESSION.

TUESDAY, June 5, 1894.

The Maine Homœopathic Medical Society assembled for its twenty-eighth annual session in the parlors of the Augusta House, Augusta, Maine, on Tuesday, June 5, 1894, at ten o'clock A. M. W. L. Thompson, M. D., of Augusta, Chairman of the Committee of Arrangements, called the convention to order by saying: — "It has been my custom year by year, as Chairman of the Committee of Arrangements, to make some brief remarks, but this morning my presence will be all I can do or say. I cannot trust myself to talk. It is a satisfaction however, which I may be allowed to express, to be able to meet with you once more. I think the records will show that I have answered to the roll call at every annual meeting of this society but one, since its organization, twenty-eight years ago. That will speak for the interest I have always had and shall continue to cherish for this organization, and it is a great pleasure for me to see so many of

the old and true friends of the society present on this occasion."

Rev. Mr. Livingston of Augusta was introduced and invoked the divine blessing.

The following twenty-two members replied to the roll call: —

Drs. Edward S. Abbott,	Bridgton.
Milton S. Briry,	Bath.
Charles M. Foss,	Dexter.
James C. Gannett,	Yarmouth.
W. V. Hanscom,	Rockland.
A. I. Harvey,	Newport.
A. K. P. Harvey,	Lewiston.
Gertrude E. Heath,	Gardiner.
W. Scott Hill,	Augusta.
Manuel S. Holmes,	Oakland.
Cora M. Johnson,	Skowhegan.
J. H. Knox,	Waterville.
D. C. Perkins,	Rockland.
Almon C. Paul,	Solon.
Huldah M. Potter,	Gardiner.
John M. Prilay,	Bangor.
Ralph H. Pulsifer,	Skowhegan.
W. F. Shepard,	Bangor.
William L. Thompson,	Augusta.
Will S. Thompson,	Augusta.
John W. Whidden,	Portland.
Nancy T. Williams,	Augusta.

Will S. Thompson, M. D., was called to the chair and the President, James C. Gannett, M. D., of Yarmouth, delivered the annual address.

The Treasurer, Solon Abbott, M. D., having moved from

the state, transferred his accounts and papers to Dr. James C. Gannett.

W. Scott Hill, M. D., R. H. Pulsifer, M. D., W. F. Shepard, M. D., were appointed as committee to examine the Treasurer's accounts and reported as follows: —

The Maine Homœopathic Medical Society in account with Solon Abbott, Treasurer:

DR.

To cash on hand June 20, 1893, - - - -	$273 52
Dividend, July 19, 1893, - - - - - -	6 59
Received for dues, - - - - - - -	96 00
Dividend January and April (1894?), - - -	6 26
	$382 37

CR.

By J. C. Gannett's bill supplies, etc., -	$ 23 25	
Com. of Arrangement's bill, - - -	5 28	
Aug. 30, Brown Thurston Co., bill, -	4 25	
Aug. 30, L. P. Welch, stenographer, -	15 00	
Nov. 3, Brown Thurston Co., printing, -	144 32	
Expense of Treas., postage $1.00, express 25c.	1 25	
Cash on hand, - - - - - - -	6 28	
Cash in Savings Bank, - - - -	182 74	$382 37

Augusta, Me., June 5, 1894.

We, the Auditing Committee, have examined the above accounts and find them correctly cast and properly vouched for.

W. Scott Hill.
R. H. Pulsifer.
W. F. Shepard.

M. S. Briry, M. D., D. C. Perkins, M. D., J. W. Whidden, M. D., were appointed as a committee to nominate a

candidate for Treasurer. W. Scott Hill, M. D., was nominated and elected. The Board of Censors made report as follows:

The credentials of the following physicians have been examined and approved and we recommend them as members of this Society:

EDGAR I. HALL, M. D., of North Vassalboro, Me., a graduate of Boston University School of Medicine, 1881.

MARY F. CUSHMAN, M. D., of Castine, Me., a graduate of Boston University School of Medicine, 1892, and Surgical Interne at the Massachusetts Homœopathic Hospital, during the year 1893.

F. ADA ODIORNE, M. D., 639 Congress street, Portland, Me., a graduate of Boston University School of Medicine, 1893.

W. S. MORRISON, M. D., of St. John, N. B., a graduate of Boston University School of Medicine, 1881.

Signed, W. V. HANSCOM, M. S. HOLMES, J. M. PRILAY, GERTRUDE E. HEATH, } Board of Censors

Voted, That the Secretary cast a ballot for the Society, electing to membership these candidates, subject to a compliance with the by-laws relating to members.

Appointments upon the several Scientific Bureaux were made as follows: —

MATERIA MEDICA.

DRS. J. M. PRILAY, Bangor, Chairman.
J. C. GANNETT, Yarmouth.
D. C. PERKINS, Rockland.
J. T. G. EMERY, South Waterboro.
R. H. PULSIFER, Skowhegan.
A. I. HARVEY, Newport.
R. S. GRAVES, SACO.

DRS. NANCY T. WILLIAMS, Augusta.
A. F. PIPER, Rockport.
C. A. PAUL, Solon.
MARY F. CUSHMAN, Castine.
M. S. BRIRY, Bath.
J. W. SAVAGE, Bath.
WILL S. THOMPSON, Hallowell.

CLINICAL MEDICINE.

DRS. E. S. ABBOTT, Bridgton, Chairman.
C. M. FOSS, Dexter.
W. M. HAINES, Ellsworth.
W. L. THOMPSON, Augusta.
W. F. SHEPARD, Bangor.
T. N. DRAKE, Pittsfield.
ANNA G. C. OHLER, Portland.
J. M. KING, Damariscotta.
S. P. GRAVES, Saco.
L. C. JEWELL, Cape Elizabeth.
E. E. BRIRY, Bath.
J. H. KNOX, Waterville.
C. A. COCHRAN, Winthrop.
HULDAH M. POTTER, Gardiner.

SURGERY.

DRS. W. E. FELLOWS, Bangor, Chairman.
W. V. HANSCOM, Rockland.
A. D. BOWMAN, Lewiston.
B. C. WOODBURY, Patten.
W. F. CLEAVELAND, Eastport.
W. B. PERKINS, Malden, Mass.
E. D. MERRILL, Dover.
M. C. PINGREE, Portland.
A. L. PARSONS, Bucksport.
A. P. HEALD, Thomaston.

OPHTHALMOLOGY, OTOLOGY AND LARYNGOLOGY.

Drs. W. M. Pulsifer, Waterville, Chairman.
M. K. Dwinell, Waterville.
C. C. Morrison, Bar Harbor.
H. C. Bradford, Lewiston.
E. H. Durgin, Searsport.
Gertrude E. Heath, Gardiner.

GYNECOLOGY.

Drs. J. W. Whidden, Portland, Chairman.
A. K. P. Harvey, Lewiston.
Lyman Chase, Kennebunkport.
M. S. Holmes, Oakland.
Cora M. Johnson, Skowhegan.
Belle S. Ayers, Rockland.
C. R. Cole, Rockland.
W. B. Whiting, Malden, Mass.
W. Watters, Lynn, Mass.
F. Ada Odiorne, Portland.
Edgar I. Hall, North Vassalboro.

SANITARY SCIENCE.

Drs. F. O. Lyford, Farmington, Chairman.
D. S. Richards, Richmond.
G. A. Clark, Portland.
C. S. Philbrick, East Corinth.
W. C. Stilson, Bucksport.
D. P. Flanders, Belfast.

OBSTETRICS.

Drs. W. Scott Hill, Augusta, Chairman.
G. P. Jefferds, Bangor.
D. E. Seymour, Calais.
A. D. Ramsay, Montville.
Mary W. B. Stevens, Auburn.
W. S. Morrison, St. John, N. B.
H. B. Esmond, Houlton.

The President called the attention of the Society to the fact that the committee on the erection of the Hahnemann statue had sent to physicians throughout the county blank checks and blank subscriptions, for them to use in soliciting subscriptions from their patients and friends.

The President or Secretary will furnish them to any of the members who wish them.

It is understood that the general committee wish to erect a bronze statue, in the city of Washington, it being guaranteed that a good site for it, in a desirable location, shall be furnished, and for this purpose they wish to raise fifty thousand dollars, and they hope as much as seventy-five.

Our proportion would not be very much as a state or a member. Ten dollars from each homœopathic physician in the state of Maine, amounting in all to $1,000, would be all that would be expected of us as a state. We have between sixty and seventy members in the society, and there are from thirty to forty physicians in the state who are not members, and no doubt there are others outside who would subscribe more or less for this purpose.

W. Scott Hill: — Each society is supposed to take the matter in hand and raise what it can, no definite sum fixed. I think we ought to take some action on this matter to-day and make up as large an amount as we can. If we are not all willing to pay ten dollars apiece, pay what we can.

W. F. Shepard: — Dr. Jeffords of Bangor, our old friend, wished me to extend to you his congratulations and wishes for a pleasant council meeting, and he alluded to this fund for the erection of the Hahnemann monument, and being obliged to deny himself the pleasure of

being present here, he would subscribe the amount it would cost him to come, about six dollars.

A. K. P. Harvey: — To bring this to a focus, I will make a motion to lay this on the table. (Motion not carried).

It would seem that we have an expression that some definite action should be taken, so I would suggest that a committee be appointed by the chair to take this matter in charge. (Committee not appointed).

W. Scott Hill: — I think our President the proper person to receive the subscriptions and the only thing to do is to pay our money over to him, and I will commence by paying mine.

The President named the committee on nomination of officers for the ensuing year as follows: —

Drs. D. C. Perkins.
W. S. Thompson.
W. V. Hanscom.
E. S. Abbott.
M. S. Holmes.

Meeting adjourned till 2 P. M.

AFTERNOON SESSION.

The society was called to order at 2 o'clock P. M.

The following delegates to the several New England state societies were appointed by the President: —

NEW HAMPSHIRE.

E. S. Abbott, M. D., Bridgton.
J. W. Whidden, M. D., Portland.

VERMONT.

Ralph H. Pulsifer, M. D., Skowhegan.
Nancy T. Williams, M. D., Augusta.

MASSACHUSETTS.

W. E. FELLOWS, M. D., Bangor.
W. M. HAINES, M. D., Ellsworth.

RHODE ISLAND.

W. F. SHEPARD, M. D., Bangor.
W. V. HANSCOM, M. D., Rockland.

CONNECTICUT.

M. S. BRIRY, M. D., Bath.
T. N. DRAKE, M. D., Pittsfield.

Memorial notes on Nathan G. H. Pulsifer, M. D., of Waterville, by Dr. W. E. Fellows of Bangor, were read by Dr. J. M. Prilay, also of Frank A. Gushee, M. D., of Appleton, by Dr. D. C. Perkins of Rockland.

NATHAN G. H. PULSIFER, M. D.

Nathan G. H. Pulsifer, M. D., was born in Eden, Me., January 24, 1824. He read medicine with his father, M. R. Pulsifer, and with Dr. N. C. Harris, and graduated from Dartmouth Medical College in 1848.

In November, 1849, he sailed from Cherryfield, Me., to California, via Cape Horn, as one of a company of seventy-five owning ship and cargo. At Rio Janeiro they encountered yellow fever which soon appeared among the passengers, and while doubling Cape Horn he treated thirty-seven cases with but three deaths.

After spending one year on the North Fork of the American river practicing his profession, he returned to New York where he took up the study of Homœopathy and spent the winter of 1851 in its pursuit and in visiting the hospitals in that city and Philadelphia. He began the practice of Homœopathy with his father in Ellsworth in 1851, and permanently located in Waterville in 1852. Here he immediately com-

menced an extensive and lucrative practice which continued without interruption up to 1876 when he was attacked with a very severe type of pneumonia which confined him in bed for several weeks. At this time his recovery was thought very doubtful, owing to extreme exhaustion from long years of incessant labor in his practice and the severity of the type of the fever. Three years later he had a second attack from which he never fully recovered, although during these years doing a large business by exercising great care. November 17, 1893, he was again attacked with pneumonia, from which he seemed to recover, but subsequently fell a victim to acute cystitis from which he died December 2, 1893.

Dr. Pulsifer was a charter member of this society, Recording Secretary the first two years of its existence, and its President in 1881. He was a thorough Hahnemannian, believing most implicitly in the great laws of Homœopathy, and few physicians have attained so enviable a reputation. He was most emphatically the maker of his own fortune, and one of that small number who have risen to position by virtue of intrinsic qualities that are wholly incompatible with failure.

He took an active interest in public affairs, and especially in those pertaining to his own city. In all social and domestic relations he was not only above reproach, but greatly respected and beloved as a citizen, neighbor and friend.

He was a liberal republican in politics, a strict and consistent temperance man, and in religious belief a Unitarian. He has done worthy labor for the cause he served, and will be remembered as one of the valiant souls who dared to step from the ranks at a time when to do so involved a sacrifice of much that cannot now be realized, and to uplift and carry forward to a wonderful victory the banner inscribed with the then strange device, Homoœopathy.

The lines of such a life as this, so recently gone from us, stretch farther than we think. We lay our plans for the

future, and they prove to be tracks that never end. So the hopes of this earthly life, its plans and schemes and busy contrivings are all endless lines that reach into an endless eternity.

For forty-two years our friend and colleague has faced the storms and hardships of a busy professional life, till like a pebble on times shore, the battling waves chafing against him have polished and made him a jewel fit to be set in heaven.

The grave buries the dead dust, but his character walks the world, and distributes itself as a benediction among the families over which he has so tenderly watched during these long years. Such a life as his has an immortality that no sword-point can destroy; that ever walks the world and leaves lasting influences behind.

F. A. GUSHEE, M. D.

Dr. Frank A. Gushee was the youngest son of Almond and Elvira Gushee of Appleton. He was born Sept. 24th, 1842, and died Dec. 20, 1893. As a boy he was noted for his happy disposition and noble qualities among his playmates. His father died when he was four years old leaving him to the care of his mother, to whom he was a most dutiful son.

He was educated in the common schools until he reached the age of eighteen when he enlisted in the Fifth Massachusetts Infantry and participated in the first Bull Run battle. His term of service expiring, he afterwards enlisted in a Massachusetts battery and was for a time at Ship island and later at New Orleans. His health failed while at the last named place and he was for several months a patient at the hospital. Before fully recovering he returned to duty and in an engagement received a wound in the head from the effects of which he never fully recovered and which may have been indirectly the cause of his death.

After the close of the war he engaged in farming and teaching for some years, but failing health at length compelled him

to relinquish all business, and after seeking the advice of several physicians with but little relief, he became interested in Homœopathy and under the advice of Dr. T. M. Dillingham began the study of medicine. In due time he was graduated at the Hahnemann College in Philadelphia, and at once entered upon the practice of his chosen profession in his native town.

He was a decided believer in the law of the similars and fully exemplified his belief in his practice. He was successful from the start, rapidly gaining the confidence of almost the entire community. It was an unfailing rule with him to do his best in every case. During his last sickness, which was at times extremely painful, he bore his sufferings with great fortitude and was at all times more solicitous for the comfort of others than for himself. In his death our profession loses a member who was rapidly coming to the front as one of the ablest in the state, the community in which he resided a trusted and beloved physician, his family a dutiful and affectionate son, husband and father. From us, his associates in the Maine Homœopathic Medical Society, he merits more than a passing notice, and it is but just that we tender to his memory the tribute which is given only to those who are the noblest works of God.

It was voted that these memorials be spread on the records.

W. F. Shepard, M. D.: —

Mr. President and Members of the Maine Homœopathic Medical Society: —

The painful fact having come to our knowledge of the serious condition and illness of our esteemed and worthy brother, Dr. W. L. Thompson, in behalf of the Society as a whole and individually, I would move that our sincere sympathy and heartfelt regret be extended to him. Our

remembrance of his loyalty to, and love for our organization, is only deepened and strengthened by his kindly greeting to us to-day, and it is our wish and prayer that he may yet be granted returning health and strength, with which to aid us in the future, as in the past, with his genial presence, wise counsels and thoughtful consideration.

Dr. A. K. P. Harvey made a motion that this be accepted as an expression of the Society and a copy of it sent to Dr. Thompson and also that it be spread upon the records.

The motion was seconded and adopted by rising vote of the entire Society.

The committee appointed to nominate a list of officers for the ensuing year reported as follows, viz:

To the Officers and Members of the Maine Homœopathic Medical Society:—

Your committee on nomination of officers for the ensuyear beg leave to report as follows:

President — E. F. VOSE, M. D., Portland.

First Vice President — W. S. THOMPSON, M. D., Augusta.

Second Vice President — J. M. PRILAY, M. D., Bangor.

Recording Secretary — CORA M. JOHNSON, M. D., Skowhegan.

Corresponding Secretary — RALPH H. PULSIFER, M. D. Skowhegan.

Treasurer — W. SCOTT HILL, M. D., Augusta.

BOARD OF CENSORS.

DRS. H. C. BRADFORD, Lewiston.
W. V. HANSCOM, Rockland.
M. S. HOLMES, Oakland.
GERTRUDE E. HEATH, Gardiner.
HULDAH M. POTTER, Gardiner.

COMMITTEE ON LEGISLATION.

DRS. A. I. HARVEY, Newport.
W. L. THOMPSON, Augusta.
E. S. ABBOTT, Bridgton.
J. W. WHIDDEN, Portland.
J. H. KNOX, Waterville.

Respectfully submitted,

D. C. PERKINS,
W. S. THOMPSON,
W. V. HANSCOM,
E. S. ABBOTT,
M. S. HOLMES,
} Committee on Nominations.

The report was accepted and the officers elected as reported by the committee, the Secretary casting the ballot for all.

BUREAU OF MATERIA MEDICA.

W. F. Shepard, M. D., of Bangor, read a paper entitled "Some Obscure Remedies."

S. P. Graves, M. D., of Saco, sent a paper on "Our Materia Medica."

Discussion.

BUREAU OF CLINICAL MEDICINE.

A. I. Harvey, M. D., of Newport, Chairman, read an interesting article on "Pulmonary Tuberculosis."

E. S. Abbott, M. D., of Bridgton, exhibited a specimen of Acrania.

J. H. Knox, M. D., of Waterville, read a paper on "Rheumatic Fever."

Nancy T. Williams, M. D., of Augusta, gave "The History of a Kernel of Corn."

Our honored guest, J. H. Sherman, M. D., of Boston, gave, "A Few Convictions after Forty-three Years' Study of the Healing Art."

Discussion.

BUREAU OF SURGERY.

A. K. P. Harvey, M. D., of Lewiston, related a few cases that had come under his surgical care within the past year.

A paper on "Surgery," written by W. B. Perkins, M. D. of Malden, Mass., was read by W. F. Shepard, M. D., of Bangor.

J. H. Knox, M. D., of Waterville, read a paper on ' Bursitis."

BUREAU OF OPHTHALMOLOGY, OTOLOGY AND LARYNGOLOGY.

Gertrude E. Heath, M. D., of Gardiner, read a paper entitled "Eye Notes Drawn from Practice."

W. Scott Hill, M. D., of Augusta, one on "Chronic Pharyngitis."

BUREAU OF GYNECOLOGY.

"The Knife, versus Similia Similibus Curantur," by D. C. Perkins, M. D., of Rockland.

BUREAU OF SANITARY SCIENCE.

R. H. Pulsifer, M. D., of Skowhegan, Chairman of the Bureau of Sanitary Science, said: — "I have not finished a paper which I intended to read before this society to-day, but will complete it and hand it to the Recording Secretary for publication." He then read a paper by Mary W. B. Stevens, M. D., of Auburn, on "Sanitary Science of the Sick-room."

Under this bureau another interesting paper on "Disinfection" was read by W. S. Thompson, M. D., of Augusta.

Discussion.

The Society nominated Nancy T. Williams, M. D., W. Scott Hill, M. D., James C. Gannett, M. D., and H. B.

Esmond, M. D., as delegates to the American Institute about to meet in Denver, Col.

A motion was made and seconded that these delegates be elected on one single ticket and the Recording Secretary be empowered to cast the vote for the Society, and these were so elected.

Meeting adjourned to meet at 8 o'clock P. M.

EVENING SESSION.

The Society convened at 8.30 o'clock P. M.

On motion it was voted to meet in Augusta the first Tuesday in June, 1895.

Voted, To appoint the same Committee of Arrangements.

Voted, That the thanks of the Society be extended to Rev. Mr. Livingston for his services as Chaplain, to the Maine Central Railroad for reduction of fares, and to the Committee of Arrangements.

Voted, As the following day is the birthday of Dr. W. L. Thompson, that the flowers that graced our table to-day be sent to him with the compliments and best wishes of the Society.

BUREAU OF OBSTETRICS.

J. M. Prilay, M. D., of Bangor, Chairman of the Bureau of Obstetrics, read a paper on "Complicated Labors," and J. H. Knox, M. D., of Waterville, one on "Placenta Prævia."

A paper was furnished by B. C. Woodbury, M. D., of Patten, entitled "The Practice of Obstetrics." Another by Huldah M. Potter, M. D., of Gardiner, "A Case of Spina Bifida," and another by C. A. Cochran, M. D., of Winthrop, entitled "Experience of a Country Doctor, in

the Practice of Obstetrics for the Last Thirty-eight years."

Discussion.

Informal conversation on medical subjects followed.

Adjourned at 10.30 o'clock P. M.

Attest:

CORA M. JOHNSON,
Recording Secretary.

PRESIDENT'S ANNUAL ADDRESS.

By James Church Gannett, M. D., of Yarmouth.

Fellow Members of the Maine Homœopœthic Medical Society:—

I give you cordial greeting. I congratulate you that so many have been able to gather within these walls to-day. I congratulate myself that I am permitted to be here to-day.

It is good for men to gather in societies. It is good for us, as physicians, distinctively as homœopathic physicians, so to band ourselves together and meet as our Society authorizes us, that we may become better acquainted, and mutually encourage, uphold and instruct one another. A hermit alone in his cave or the desert loses the helpful uplift to be gained by human society. And just so does a medical hermit lose much of humanity's refining touch when he withdraws from contact with his fellows, saying he has naught for them or they for him. We need each other and can only do harm to ourselves and those about us by drawing within ourselves.

Thus realizing their needs has humanity, thus have medical men, banded themselves in societies, and homœopathic medical men, feeling an ostracism emanating from their medical brethren who did not embrace a like faith with themselves, have been impelled to the formation of such societies. And here in Maine since 1867 we have had our special Society. And here we, as such a Society, have met each year since; and here we are met to-day to know better, to uphold, encourage, instruct each other.

At a meeting like this twenty-one years ago in the city of Bath, he whom you honor to-day with a seat in the President's chair received his election to membership in this Society. That gathering was smaller than this, only twelve members being present. Of those present four are in other fields to-day and six have passed to the silent majority. Silent, do I say? No, their works do follow them and their voices still proclaim the truth they so faithfully upheld, applied and illustrated, and urge us to zeal and honest endeavor in the paths they walked.

The earlier Homœopaths, as well versed as any of the medical men of that day in all that made up a medical education, found themselves wanting in the distinctive knowledge of homœopathic materia medica and therapeutics. And this study, calling as it did for the strongest powers of mind to master it, led our predecessors to a neglect of the other and equally important branches of medical study and research. Old school physicians dipped deep into anatomy, physiology, pathology, diagnosis, and ridiculed the Homœopath his lack of knowledge in these branches. But our Homœopaths made their cures, even in the face of the allopathic diagnoses and prognoses, and had their laugh at their friends, the enemy. In later years all branches of medical science have been entered by strong and brainy Homœopaths, and the medical world has been compelled to acknowledge their work and its worth, and our colleges equal in curriculum and requirements the colleges of the country.

We have advanced on this line till our workers stand in the front rank with those of other schools. How is it with those branches in which we are distinctively homœopathic? Have we grown in our acquirements in materia

medica and therapeutics? Can we claim the advanced place as against the old school that our fathers could? The old school has seemingly made some long strides in the knowledge of the effects and uses of drugs and in methods of prescribing. The multiform prescription is going out, the simple prescription, the symptomatic prescription, the minimun dose, are coming in. And we say, this is a result of Homœopathy's leavening influence. We say it advisedly and the people generally acknowledge it. This result is not entirely dependent, either, upon the demand of the people for the easier, pleasanter doses of the Homœopath. It comes from the observed fact, that under the use of the much maligned little doses, that patients of homœopathic physicians were and are cured, and that also in severe and complicated illnesses.

The study of drugs by the old school, in later years, tending as it has to an analysis of the so-called physiological action, has gradually led to a more less perfected system of symptomatic prescribing, one of several practices adapted from Homœopathy without credit.

How is it with us? Are we still leading in this method of prescribing? Have we kept in the van in this as were our fathers in medicine of fifty and seventy-five years ago? "The world do move." Are we moving with it? Are we in Maine moving with it?

Since, in 1868, I took my first look into things medical, to the present, great progress has been made by Homœopathists in the lines of surgery, gynecology, ophthalmology, otology, and in many other specialties. Their stand is a bold one and their standing high; and much has been done in the face of many difficulties to perfect the treatment of special diseases mechanically, locally and also medicinally.

The older homœopathic physicians were, had to be, specialists in materia medica. For this promised and furnished a rich field for study and application for them and they worked perhaps to the manifest loss of skill and prestige in other branches. Led by loyalty to truth and a faith born of failure in the old and success in the new methods of treatment, they may perhaps have erred in considering all methods or measures wrong except the prescription made absolutely upon the principle "Similia similibus curantur" and in eschewing the surgical and mechanical treatments. I say they may have erred. They may have been too severe in their strictures upon the medical magazines of those days against the insertion of advertisements of a questionable character as viewed from a homœopathic standpoint.

Are we not inclined to err upon the other side? We say our homœopathic books are not what they should be, either in fulness, scope, research, etc., and we buy the standard allopathic works and read and study them. Can we keep our minds clear from the contaminating influence of old school opinions of treatment or even of the scope of Homœopathy? Are not our own journals furnishing some material for undermining the foundations of Homœopathy in individual minds by their acceptance and publishment of proprietary advertisements? Do our colleges make a sufficiently strong point of the Institutes of homœopathic medicine? Do we know all we ought of this? Are we grounded in the homœopathic primer? Do we *know* the organon? (I use the word "know" in its deeper meaning).

Fellow members, how are we different from the other physicians about us? Are we a collection of experimen-

ters jumping from this thing to that in our blind search for a specific, using this to-day, to-morrow that? Or are we working from some fixed axiom upon some certain line? Do we have faith in our method of cure? Do we show it?

It is a fact that we fail to cure cases, cases that are curable, cases that some one else, some allopathic brother, even some charlatan, succeeds in curing, to our overthrow and the stigmatization of Homœopathy. Is the law at fault? No. Let us rather believe that the fault is in us and seek relief, not in extraneous methods, not in the devices of the proprietary advertisers in the pages of the journals, but in a more earnest, painstaking study of the materia medica and its application. Let us be ready to say and believe not that the homœopathic law of cure is incapable in a given condition. Let us believe the most for it. Let us be careful not to limit it where it is not limited. Let us look for its limit of application above and beyond our present conception of it. If we are impelled through lack of present knowledge and opportunities for desirable consultation to make use of palliative, questionable or extraneous methods for our present purpose, let it be with an earnest intent to search out a true remedy against a second time of need.

The medical field is fast filling with specialists, and they are needed. We have them in Maine, and to my mind more good ones would find a sufficiency of good work to do. We cannot all be surgeons, nor would we if we could. We cannot all be gynecologists, nor obstetricians, nor oculists, nor aurists, nor rectal specialists, nor specialists in clinics, nor yet materia medica, or any one branch of medical or allied science. The field of study

is too large, the work too broad, and man's faculties too varied to permit such narrowing. We are all laboring for the same end, the helping the human family to attain and keep a higher physical development. And one of us works along one line, seeing things from one point of view, another from another. One grasps and reasons out a proposition of truth through one line of reasoning, another from another, arriving at the same result. One develops a special faculty for selecting his remedy and curing the case by the physiological method, so-called; another, working by the method of adapting characteristics of patient and of remedy accomplishes his purpose as speedily, surely and happily.

Medical progress, as in other of the world's advances, appears to be in waves, now here and now there; some special feature of the work appearing more prominently than others, and this soon to give place to another. Just now there seems in our homœopathic world an effort to promote earnest, united, fruitful work in materia medica. We have been passing through a long season of questionings, of affirmations and denials, and now there is an evident movement to extend the real work in this special field from the few earnest workers to the many widely extended over our country. Is it not time for *us* to begin some organized effort in this direction? I would suggest that the bureau of materia medica, perhaps aided by that of clinical medicine, organize thoroughly and put themselves in communication with the leaders in materia medica study and improvement. Let there be some special plan of work, some special remedy or class of remedies to work upon through the year, with reports upon them at the annual meeting. And the members of

these bureaux should devote their energies to this work.

Carroll Dunham has said "a study of materia medica will yield a better return than any other department of medical science." Dr. Dunham knew materia medica, knew its worth and knew how to apply it in practice. It was my happy privilege to listen to him during my medical studies and no lecture was pleasanter than his on this dry subject. We cannot do better than to take his word, make the study in dead earnest and expect due profitable returns.

Let us make the coming year a materia medica year, a year of study of materia medica by all, of earnest, painstaking, methodical study.

Fellow members, I feel that we are not doing all that we might or ought to help bring towards perfection our system of medical practice as it relates to materia medica and therapeutics. We are doing our work of visiting and prescribing for our patients, studying diseases, diagnosis and prophylaxis and surgical, dietetic, hygienic and local treatments. But how about materia medica symptomatology? Are we using as strong and intelligent effort to improve our materia medica?

In order to give an opportunity for organization at this session the appointments upon the several scientific bureaux will be announced soon after the close of the President's address, and it is suggested that the Chairmen call their several bureaux together during the intermissions for preliminary organization. Having some plan of work and the necessity of each member of a bureau keeping in touch with his fellow members will tend to keep his special work in his mind through the year, with consequent gain in knowledge and improvement in its

expression. Carefulness in study carries with it carefulness in recording; and this will doubtless bring improvement in diction; and from this will directly follow greater ease, clearness and correctness in discussion.

As physicians it is well for us to be particular about little things, even to the manner in which we write our notes of advice, medical directions, etc. I know that a physician's leisure and study time, especially that of the most of us who are really country doctors, is scanty and much broken, and we find it hard to do good literary work under such distractions as come to us. But I also know that every effort we make in that direction brings its own reward. The office of Recording Secretary, which for seven years I have filled with positive enjoyment coupled with much hard work and from which I am now released, gives me opportunity and ability to say a few words to you. This I would say from the closest fraternal side with sincere desire only for improved work and that the work of succeeding Recording Secretaries may be lighter.

The making up reports of cases and writing any of the articles for our transactions should be looked at as well from the side of the secretary and book-maker as from that of the writer. It will be seen at once that various shortening methods that are useful and allowable for one's own advantage would be out of place in papers intended for publication. By avoiding these things the work of the Secretary, who would otherwise have all these things to correct, would be much lightened. Let us not forget that while we are physicians with lives filled with the things of the physician's busy world, we are also educated men and women, and are expected to put time and our best thought into the construction and clothing

of our reports. We owe it to ourselves and our readers to try to make each report a masterpiece. Our world should be the whole medical world and we should strive to make every paper worthy a place anywhere. The world owes us much and we certainly owe it as much. Let us be sure to yield good measure on our part.

The homœopathic physicians of Maine are invited to unite with the homœopathic physicians throughout the nation in erecting in the city of Washington a monument to the founder of the homœopathic school, *Samuel Hahnemann.* The movement began at the meeting of the American Institution in Washington in 1892, when the fund was started by subscriptions amounting in a very short time to three thousand dollars. A committee was appointed to have the matter in charge and later this committee was enlarged by the formation of an "Auxiliary Committee" composed of one member from each state society and medical college faculty. I was made the member from this society. The work has been going forward for nearly two years and a report will be made to the American Institute at its session soon to be held at Denver, Colorado. Some report should be sent from this Society and the Maine physicians. Let the matter receive your careful consideration and action, individually and as a Society. The subject will be brought up later when opportunity will be given for discussion and action.

Our Society has suffered during the year just passed in the loss of two of its members by death and one by removal. The last of April, Dr. Solon Abbott of Biddeford, our Treasurer, removed to Franklin, Mass., after transmitting to me his books, papers and the monies in his care. It will be well for the Society to make choice

at once of a Treasurer that the work of that officer may proceed. The death of Dr. N. G. H. Pulsifer of Waterville occurred Dec. 2, 1893, and that of Dr. Frank A. Gushee of Appleton, Dec. 20, 1893. I have requested Dr. D. C. Perkins to prepare a sketch of the life of Dr. Gushee, and have reason to believe that Dr. W. E. Fellows is prepared with a notice of the life of Dr. Pulsifer. Dr. N. G. H. Pulsifer was one of our charter members, one of those whose number is becoming less from year to year. Soon some of us will be called to notice the passage forward of the last of our pioneers. They unfurled a noble banner in the Pine Tree state, and we have been permitted to assist in upholding it. More and more has it fallen to younger hands to bear it and soon will the last veteran's salute be given it this side the river. "Faithful and true" may well be written of them, the pioneers. May it be said of each of us as we pass out of sight.

Fellow members, I claim for Homœopathy, at least as good education, as much power and as good results as I am willing to accord to the old school. Can I claim less in loyalty to my flag and to truth? Let us prove it always. In Maine let us prove it. Prove it in our methods of study and our studiousness. Prove it in our bedside work. Prove it in our intercourse with our fellowmen, professional and otherwise. Prove it in our literary and scientific work. Only by thoroughness, persistent, painstaking, self-denying study can we attain and hold this high place, but using these means our attaining it is assured. Let us work, not merely for present results, but rather for the grand final completion of development, the perfect manhood, thoroughly furnished unto every good work. We should be satisfied only with the best that is

in us; and that not to hoard it, but to give it out — to our patients first in the sick room; to our fellow workers at our Society meetings; to the community. And always should we endeavor to give the best we have in its best equipment, thoroughly ready for service.

ARTICLE I.

Some Obscure Remedies, by W. F. Shepard, M. D., of Bangor.

This phrase to some may seem, and undoubtedly is, a misnomer; for, to the close student of our materia medica, no remedy, however humble, should be termed obscure, for each has its own characteristic sphere of action, although limited and circumscribed and grandly overshadowed by the magnificent triumphs of any one of the polychrests — like Bryonia for instance — the ability of which to relieve the pains of pleurisy alone, is said to have made more converts to Homœopathy than the exhibition of any other remedy. Rather a broad claim perhaps, but it contains a large grain of truth.

I well remember the enthusiasm of a certain college professor who conducted the department of mathematics. In descanting one day upon the beauties of the higher calculus,he asserted that for every curve, real or imaginary, there was a mathematical formula, and if he could not discover or reason it out in this world he confidently hoped and expected to in the world to come! So if we cannot get at the true inwardness of some of the lesser remedies now — to say nothing of the greater ones — perhaps in the dim and distant future they may be revealed to us in all their originality and beauty, and doubtless, right here some of you may be inclined to add that we may all be a long time in "the sweet bye and bye" before we shall have fully mastered the intricacies of our voluminous materia medica.

RANUNCULUS BULBOSUS.

This remedy resembles the other Ranunculus (Sceler.), Rhus tox., Colocynth, and to some extent Bryonia.

Its most marked effect however, is upon the white fibrous tissue, especially that which forms the external coating of the nerves. Consequently it is found useful in those rheumatic pains which so frequently suggest Rhus. tox., whose physiological congener it really is.

But while Rhus has its action upon the lower extremities and the dorsal surface, Ranun. bulb. has a special effect upon the external chest, even extending through the hypochondriac region to the epigastric. The pains it produces in these localities are of two kinds; that more commonly experienced is a sharp, shooting, tearing stitch, of a paroxysmal character, which may be confined to one side, or extend all over the chest. (Hence useful in pleurodynia more especially.) The other is of a duller kind, extending from the upper part of the chest to a point as low as the umbilicus. Wherever the nerves approach the surface so as to admit of immediate pressure, this operation relieves, but in other places it does not. This little expedient proves its neurotic action. To illustrate practically:

Case I. Mrs. X. had for several years all the symptoms proceeding from chronic hepatitis and ovaritis, with a probable low grade of inflammation of the uterus. Two years ago, while lifting with the left arm, a pain from the left hip to the upper part of the chest seized her. After that the pain was of frequent occurrence. It came in paroxysms and as long as it lasted the act of lifting the arm caused great torture. Bry., Rhus tox. and other remedies failed to relieve. But Ranun. bulb., with Chelid. as

an intercurrent remedy for hepatic difficulty, cured the pain.

Case II. Miss Z. on the sixth day of scarlatina was taken with severe shooting, tearing pains all over the chest. Not being able to endure it I was sent for in the night. Two doses half an hour apart, followed by two one hour apart, promptly relieved all pain. These two cases illustrate the two kinds of pain which ranun. bulb. cures. The 30th is the only potency I have ever used.

CHELIDONIUM MAJUS.

Chelidonium should be considered almost solely with reference to its action as a hepatic remedy. A key to its pathogenesis may be found in its powerful affinity for the liver. A large proportion of its symptoms are based upon primary hepatic derangement, and its "bilious" symptoms are very extensive, affecting the conjunctiva, skin, tongue, digestive apparatus and urinary system.

According to its pathogenesis it should prove an important hepatic remedy, but hitherto on account of defective provings it has largely escaped the notice of the profession. A "gnawing sensation in the stomach, continuing until after eating," is a characteristic symptom which I have verified. Mercurius is often given when chelid. is indicated. Besides some bronchial irritation, it produces various neuralgic pains in the temples, forehead, (especially the right side), ears, teeth and eyes. With right supra-orbital neuralgia, clinically, there is to be found profuse lachrymation with contracted pupil. (Bell, dilated pupil.) By its action upon the spinal motory nerves, it produces a sensation of constriction in the throat, larynx, œsophagus and thorax. In cactus,

ipecac. and lach. however, these sensations of constriction are more prominent than in chelidon. This drug gives marked rheumatic pains and stiffness in the muscles of the neck, back and upper and lower extremities. The strongest characteristic calling for this remedy is a very severe pain *in the inner lower angle of the right scapula*, running into the chest. This indication furnishes a keynote for the cure of an almost endless variety of complaints.

Chelidon. has also a place in the therapeutics of pneumonia, especially in the so-called "bilious" variety. Some fifteen years ago I prescribed it in the 200th potency in a case of double pneumonia in the second stage in a man 50 years of age (who had suffered from early manhood from a bronchial cough), with the happiest results.

Aside from the usual symptoms of the disease manifest at this stage — which are so well known as not to necessitate recapitulation — the patient presented a most marked bilious condition as shown by the infra-scapular pain, icteric hue, characteristic urine and stool, etc. Many of the symptoms of this drug are aggravated at four o'clock in the morning. (Kali carb. 3 A. M.)

DISCUSSION ON DR. SHEPARD'S PAPER.

A. I. Harvey, M. D.: — Speaking of chelidonium in reference to its use in pneumonia, reminds me of a recommendation for its use in children, with lung fever and pneumonia. It has proved to be very effectual, in the 30th potency given for five or six hours to be followed by pulsatilla or spongia as the case seems to need. Sometimes the two remedies may be given in alternation to advantage. I have tried it with very marked success

especially after having given other remedies without getting the effect I wished.

C. M. Foss, M. D.: — I have found chelidon. to be one of the best remedies I have ever used for gas and severe pains in the stomach. I have used it in the 6th dilution. Characteristic symptom in chronic cases, all the symptoms relieved by eating.

D. C. Perkins, M. D.: — I have had occasion during the last winter to use chelidon. in cases of hepatic disease accompanied by severe chills, one case in particular I call to mind, where the chill lasted twenty-one hours, and after using various other remedies I settled down upon chelidon., with very excellent results and finally cured the case with this remedy.

ARTICLE II.

Our Materia Medica, by S. P. Graves, M. D., of Saco.

In all the years that have elapsed since becoming a student of *materia medica* and therapeutics, there has not been a time in my memory when they have not been the prolific subject of complaint and criticism, sometimes from one standpoint, sometimes from another. Maybe the various criticisms were sincere and well meant, even though no improvement was suggested. No one can honestly claim perfection without claiming qualities not yet prominent among the human species. Then why complain because imperfect man, however well meaning, has not produced a perfect *materia medica*?

All men and women do not look, think and act alike, though they may be endowed with some qualities of mind, and form, and action in common. Individuality in persons is as essential as in any other agents of action. One may not be able to observe the same effects from his application of an agent, as another claims to divine. Now may there not be a possibility that the fault, if it be a fault, lies as much in a difference in the habits of observation of the two individuals as in the agent employed?

To illustrate, Miss C. consults Dr. A. for a troublesome cough of several months' duration, having before been treated by three physicians of note without improvement. Her third attendant, a justly celebrated Boston lady, after her best efforts, decided that a change of location was

necessary, and advised a seaside resort, which advice was acted upon to the serious discomfort, if not danger, of the patient. At this stage Dr. A. was consulted, whose first step was to have Miss C. removed from the seaside, some four miles back in the country. When she was satisfactorily located, the doctor concluded he had a bryonia case, and so remarked to Miss C. "Oh no!" said she, "Dr. J. gave me that, and it made me worse." She got bryonia 6^{m}, however, without knowing what it was, and two days' use, at intervals of four hours, CURED the case, shall we say? At any rate, the cough subsided, and did not return again in three months. Now does not this serve to show that the manner of viewing a matter makes a material difference in results?

Let me mention another case when arsenicum seemed clearly indicated, but was made worse by the 30th, but recovered after a single dose of the 30^{m} and that, too, after having been experimented upon by three good allopathic doctors.

Dr. Howard Crutcher, in discussing the paper of Dr. Kraft on *materia medica* at the World's Congress, very pertinently, it seems to me, says, "One thing has been steadily, persistently, and systematically ignored by the medical profession. Nowhere in medical history is the patient mentioned as a factor until the time of Hahnemann. It seems absolutely impossible for the present composition of the human mind to lose sight of *materia medica* and remember that we are dealing with sick people," who furnish a *similimum*, whose record is written in the *materia medica* and which picture, if not recognized for want of familiarity with its counterpart, furnishes criticism occasion for airing itself.

There seem to be fashions in opinions as well as in dress, which only need a leader to raise a train of followers, so that as soon as some disappointed, perhaps careless, prescriber, to excuse himself, raises the cry of false and deceptive *materia medica*! like a yelping dog he is soon surrounded by more of the same feather, leaving the plodders to exclaim *qui bono.* That faults and imperfections may, do, and must exist, need not be denied, but when recognized and admitted, why not either correct or leave them and make use of that part which is admitted to be reliable, or, may be, determine whether the defect lies in the agent or the selection. "How determine," do you ask? By the law of similars, the only name given under heaven or among men whereby one can determine.

You, Mr. President, hear men of note and professional standing prate about their bryonia days, their pulsatilla days, and alas! their calomel days also. What has become of their homœopathic days and the law of similars, without which, of what use is *materia medica* pure or impure, true or false? Let us go back to first principles and learn what *similia similibus curantur* means, and by the first principles of applied psychology, trace that principle to a practical conclusion before decrying anything beyond our comprehension. Let us discard fashion in thinking, leave behind early prejudice and false impressions with which our minds may have been tinctured and become that stony ground upon which good seed fell, sprung up quickly and withered away with equal celerity.

As to fallacies in *materia medica* what appears such to some honest minds may be true to others by reason of circumstances altering cases. Then why condemn the whole because of a part? So long as there is enough for

use why not use it without burdening our finite faculties with or about the part which some deem worthless? This course will afford most with sufficient employment if, in addition, we seek to improve or add to such contributions as experience may supply.

ARTICLE III.

Pulmonary Tuberculosis, by A. I. Harvey, M. D., of Newport.

No disease in the medical history of the world has claimed a larger share of attention, and I think it is safe to say that none has called forth so much effort with so small a measure of success, as tubercular disease of the lungs. The greatest minds in the medical profession have sought in vain for a specific which shall conquer this dread enemy.

Scientific medicine has evolved consumption cures by the score, only to see each one prove a dismal failure. Even the much vaunted Koch lymph, from which so much was hoped, has gone the way of all the rest, and stricken humanity reaches forth its hands toward the medical profession in pitiful supplication, begging for the relief which would so gladly be given were it possible. The so-called Gold cure, first cousin to Koch's treatment, has met with no better success in tubercular disease, and the world to-day, notwithstanding its boasted progress, is without a specific for this destroyer of health and life.

My object in writing this article is to call attention to a few facts which to my mind are worthy of notice. My faith is strong in the power of the law of *similia* to cure consumption; and I believe that we shall yet succeed in curing this disease by our homœopathic remedies. In fact there are many cases on record in our literature, of actual cures of tubercular disease of the lungs; and

while it may be that some will look upon these reports as extremely doubtful — cases of faulty diagnosis, etc. — yet it must be remembered that many of them are reported by our most talented physicians, men who are amply qualified to diagnose cases of this kind, and to whom we must give credence.

My own experience in the treatment of consumption has been, in the main, a bitter disappointment, relieved occasionally by a ray of light, which has served to give encouragement that some time we may be more successful.

For the past year or more, the different homœopathic journals have given reports from various sources of eminence in the profession, showing the power of tuberculinum in consumption. Some of these viewed in the light of past experience are truly marvelous.

The reputed efficacy of the drug led me to try it in the following case:

George L., age 45, normal weight 200 pounds, farmer, married, has lost one sister with consumption. For two years has been troubled with a cough which he considered of no particular importance though quite troublesome at times. Last winter he had an attack of la grippe from which he soon recovered. His cough, however, became very troublesome. He began to lose flesh, appetite and strength, and at the time I was called to see him, his condition was as follows: Loss in weight about 25 pounds, no appetite, could eat nothing, very weak, shortness of breath on slightest exertion, dry, hacking cough with yellowish expectoration, worse nights, keeping him awake nearly all night, cough worse lying on left side, and seems to arise from tickling in the throat, diarrhœa, night sweats, frequent chills, pulse ranging from 110 to

120, temperature from 100 to 102. Examination of the chest revealed marked dullness at the apex of the left lung with marked crepitation and wheezing respiration in this region. The lower lobe of the left lung and the whole of the right seemed in a healthy condition.

He was given phos. 6 and 2c, kali c. 6x, arsen. 3x and sulph. 1^m at various times as they seemed indicated, with no apparent benefit. In fact the patient steadily grew worse. I then sent to Boericke & Tafel for tuberculinum 30x, and began giving it with an occasional intercurrent dose of sulph. 1^m taken at night on retiring.

Soon after taking the remedy, he said that on raising during the cough, he could feel grains of sand, as he expressed it, in the expectoration. Unfortunately I was unable to obtain any of this substance for examination.

The cough now began to improve, the appetite returned. He gained in flesh and strength, and at my last visit June 3, the temperature and pulse were normal, appetite good, strength and flesh steadily gaining, no night sweats, chills, or diarrhœa, cough much better, gives no trouble except a short spell in the morning, sleeps all night. Has been able to do some light work on the farm in the past two weeks. The dullness at the apex has not entirely disappeared but is gradually diminishing; and the wheezing and crepitation, as well as pain, which he had felt in the left lung, are all gone. The patient seems in a fair way to recover, and I confidently expect that the remedy combined with proper care, will result in a cure.

Some may think that the diagnosis of tubercular disease in the above case is faulty. To such I have only this to say: The patient had all the physical signs of tubercular deposit in the lung. In addition to these, he had all the

objective and subjective symptoms which indicate such disease, and these taken in connection with the family history, certainly make out a case sufficiently strong to warrant the diagnosis.

One swallow does not make a summer, neither does one such case as this establish a rule, but if tuberculinum will do this for one such case, is it not fair to presume that it may do equally well for others?

A proving of this remedy may be found in Hering's Guiding Symptoms, and certainly it would seem to be well adapted symptomatically to cases of tubercular disease.

DISCUSSION ON DR. HARVEY'S PAPER.

Dr. M. S. Briry: — How long did you continue to give the remedy every two hours?

Dr. A. I. Harvey:—He took the remedy I think for three weeks every two hours during the day. I think I began to treat him in March.

Dr. W. Scott Hill: — I have tried tuberculinum in one case only. Of the one hundred cases that are reported I don't believe there were half a dozen that we really would call consumption. It was applied to about everything. The case that I tried was hopeless I suppose from the first. The remedy certainly had no good effect and she died within a few weeks. I didn't see as there was any aggravation or amelioration of the case at all and from what I have seen of tuberculinum or read of it, I think it has to be used early in the case to have any effect. I gave the 30th.

Dr. M. S. Briry: — Undoubtedly there are cases of tuberculosis that last for years. I know of one instance

where there was hemorrhage of the lungs at forty and the patient lived till she was eighty, and she didn't die of consumption then. No doubt there were tubercules in her lungs during all those years. Another case I was acquainted with and treated for a good many years. She had hemorrhage for a good many years and there was a large cavity in one of her lungs, but she lived to be over seventy years old and might have lived longer if she had had good and sufficient food. The great majority of cases where tuberculosis is well developed live not over a year. Others will partially recover and live years. A year ago last October a man about forty years of age was taken with a severe hemorrhage. Mother died of consumption, also a sister and he had an older brother who had had hemorrhage a number of times. The hemorrhage recurred day after day. I gave him remedies and checked it and then it would recur again and he became very weak, coughed, had night sweats, and I didn't know but he was going to run down immediately, but from some cause or other he rallied. I gave him tuberculinum. He was better before I gave it. I gave him some of the 30th and 31st and 201st. He has improved. He has only had one slight attack of hemorrhage since and is now so he goes about every day, and either walks out or rides out. His cough is almost gone. Occasionally if he gets a little cold he has a little cough, the rest of the time he is quite free from cough. He is thin but he enjoys a fair degree of health. I only gave him a few doses of the remedy. Gave him a few doses of the 31st and waited and gave him some of the 201st, and he hasn't had any hemorrhages since, and that was six months ago. Still I don't know as the medicine has had anything to do with his improvement.

Dr. A. K. P. Harvey: — I think that the treatment of tuberculosis calls certainly for our best thought and our greatest skill. I shall speak simply of one point which has been brought out in this discussion and that is the stage of the disease in which treatment can be successfully applied. To the physician who recognizes the disease early and treats then according to the individual symtoms will come the highest success. These long continued cases of tuberculosis, I believe never exist. We often hear the expression "old fashioned consumption," that a certain person died after years and years of suffering from "old fashioned consumption." I don't know exactly what that was, but I do know what the improved variety is, and I know that a year will usually end the story. There is one point that we should remember in the treatment of lung diseases — that there is a vast difference between tuberculosis proper and chronic pneumonia.

You inquire into the history of the cases that have died of "old-fashioned consumption" and you will probably find, in the great majority of cases, that it was ushered in with acute pneumonia (which afterwards became chronic) or chronic bronchitis, that there was a cough for several years and the patient finally died from almost any disease that human flesh is heir to and not from consumption. Cases are extremely rare of consumption occurring after the age of fifty, a person is practically safe from it after forty, and these points should be well borne in mind in the diagnosis, prognosis and treatment of the disease. So far as the use of tuberculinum is concerned I have had no experience with it personally. I do know of some cases that have been treated early in that disease, when the symptoms seemed to point to tuberculosis, where it was used apparently with success.

Dr. M. S. Briry: — If we can believe what the pathologists say people do have tuberculosis of the lungs and live for years and years and die of some other disease.

Dr. A. K. P. Harvey: — That may be the case, but I am speaking of where people will say that they have had one lung gone fifteen or twenty years, destroyed by tubercular disease. I don't believe that exists.

Dr. M. S. Briry: — I never saw a patient where one lung was *all* gone. A woman told me that once but I told her it could not be so, because part of the lung remained there still, but I have no doubt she had tuberculosis of one lung and had it for years.

Dr. A. K. P. Harvey: — I have no doubt that tuberculosis may exist for a long term of years but tubercular disease of the lungs is a coward. It never attacks a person in rugged health. It waits till they are down and then commences the attack. That tubercular disease can exist in the system and live on for years has been fully proved, but when it starts in actively, where the patient coughs and there is a cavity in the lungs and night sweats, that these symptoms continue along for years, I doubt very much indeed.

ARTICLE IV.

Rheumatic Fever with some Unusual Complications, by J. H. Knox, M. D., of Waterville.

About Sept. 11, I was called to see a girl, about eleven years old, who complained of pain and soreness in the left shoulder; her temperature was 103, pulse 120. The shoulder was some swollen and quite painful, she complained of feeling chilly. I gave acon. 1x and bry. 3x in alternation. Sept. 12, not much change, acon. and bry. continued. Sept. 13, I was called in great haste, the person coming for me saying the trouble had gone to her heart. On arriving at the house I found her suffering from an attack of pericarditis, gasping for breath and in great pain. I gave spigelia 2x, one teaspoonful every fifteen minutes until there was relief, then as there was some delirium, red face and a full bounding pulse, gave bell. 2x in alternation with the spigelia 2x. The heart symptoms improved under this treatment and we had no more trouble. The bell. and spigelia were continued until about Sept. 16, when she had an attack of bronchitis. For this I gave her verat. vir. 2x and anti. tart. 3x in alternation. This lasted till Sept. 26, or about that time, when it gradually subsided. All of this time the rheumatic pains and swelling were passing from one joint to another, with all the suffering usual in rheumatic fever, any motion causing extreme pain. About the last of September or the first of October she had an attack of peritonitis, which lasted her about ten days, then the pain and swelling returned

to the shoulder, where it first started, and periostitis and supuration took place. I made an incision about an inch long and a large amount of pus was discharged and it kept discharging for a long time; finally, as it did not heal, I made resection of about three and a half inches of the bone and good recovery followed.

ARTICLE V.

THE HISTORY OF A KERNEL OF CORN, BY NANCY T. WILLIAMS, M. D., OF AUGUSTA.

MRS. G., a strong, robust woman, weighing about three hundred pounds, at Christmas time was taken with a severe cold. It began very suddenly. It seemed to affect the left lung chiefly and about three inches below the clavicle for a space some six inches long and four wide; there was a feeling of heavy pressure and soreness when she took a long breath. At times there would be a good deal of whistling and rattling in this spot. The cough was almost continual unless she repressed it, and there was looseness and rattling of mucus when coughing. She had severe spasmodic coughing attacks several times a day and one usually about three o'clock in the morning. Her temperature remained about 100 most of the time and she constantly lost flesh, but there seemed to be no other changes in her physical condition. About the first of April she seemed to have taken a fresh cold and one day, during a most severe convulsive coughing attack, she threw up a quantity of mucus which she caught in her hand, (and it made a good large handful). This was hardly up before there came something more — ball shaped and about the size of a large filbert. This was thrown across the room and in it was seen something black, which on examination proved to be a kernel of black pop corn.

Almost like magic she recovered, and nothing more was heard of the serious cough which had troubled her for more than three months.

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ARTICLE VI.

A FEW CONVICTIONS AFTER FORTY-THREE YEARS OF STUDY OF THE HEALING ART, BY J. H. SHERMAN, M. D., OF BOSTON, MASS.

Mr. President and Fellow Members of the Maine Homœopathic Medical Society:—

I AM reminded by this occasion that I can no longer pose as a young man in the Society and must take my place among the seniors.

It seems but yesterday, and yet forty-three years have passed, since I began the study of the "healing art" in this my native city, and have been more or less a student until now. Well, I can hear you say, you ought to have learned something in all that time, and won't you give us a little of your concentrated experience?

I would like to oblige you, but when I consider how little there is out of this storehouse worthy of presentation I shrink from the undertaking.

I have a few convictions, however, which are at your service that you can take at your own estimate.

My first conviction is, that of all the children born into the world, a large proportion are predestined to die before arriving at five years of age and many more before reaching the age of maturity. Nature is very lavish in her productions and creates vastly more than she has use for; this law holds good thoughout all animated creation.

I am convinced that there are incurable diseases, such as consumption, cancer and leprosy; that there are self-

limited diseases, which recover without treatment; that there is such a thing as vital force, which is ever striving to establish the standard of health, whenever there is a departure therefrom. Says one older and wiser than I: "It is only after the experience of time begins to whiten the hair that the physician as a rule distrusts his medicine and transfers the major part of his worship to the Divine vis, *medicatrix uaturae,* but I am sorry to say that the experience that whitens the hair often fails to remove the scales from the eyes of all physicians and mistaking the *post hoc* for the *propter hoc* attribute every recovery to the action of the little or big pill, when the medicine really had nothing to do with it.

A very early conviction was that confirming the statement of the "Autocrat at the Breakfast Table," that a medicine that will make a well man sick will make a sick man sicker, hence the danger of heroic or allopathic treatment.

Another of my convictions, and one which it may not be safe to utter in this presence, is that there is no law of cure; but let me explain before you cry: "Put him out." Law as I understand it, natural law, is an established force always acting in the same manner. Can this be said of a rule of cure? If this was a law of cure, there could be no other law of cure. There are many methods of cure, or rules of cure, but none of them to my mind are worthy to be compared with the homœopathic method, hence I call myself a Homœopath, and notwithstanding, claim the right to resort to any method known or that may yet be known of palliating suffering and healing the sick.

Is this heresy? Listen to that oracle of Homœopathy and author of the Encyclopedia of Drug Pathogensy, than

whom there is no higher authority in this or any other country. I refer to Dr. J. P. Drake. Dr. Drake says substantially: "Diseases are capable of being divided into classes. First those requiring chemical antidotes, then those requiring parasiticules, others mechanical or surgical treatment, still others change in environment, including change of climate, occupation and diet." 'In the treatment of such diseases Homœopathy has no place and no meaning. Homœopathy is applicable to cases similar to those producible by pathogenic means; here she is supreme. He further says that he must be a dull student, and I would say stupid one, who feels bound to hunt in his *materia medica* for the homœopathic remedy when none is indicated and could do no good, and in such cases it would be criminal to shut one's eyes against other therapeutic measures of relief. Do you think this limiting Homœopathy too much? I reply that there is plenty of room outside of this limitation to cover her with glory. There are many diseases neither self limited, incurable nor amenable to any other treatment that offer abundant scope for homœopathic therapeutics. Then there is the influence of the mind, both in causing and curing disease, one of the most potent therapeutic factors, ever active and never ceasing so long as the heart throbs and the brain thinks. Call it imagination if you like — a la Dr. Briry — it is nevertheless the same principle; for what is the imagination but an operation of the mind, a twin sister of faith, that divine instinct and "substance of things hoped for; the evidence of things not seen?"

O ye doubters, make yourselves acquainted with the power of hyperbolic suggestion, see the cripples throw down their crutches and walk unaided, the paralytics'

limbs set in motion and the most painful surgical operations submitted to with no sense of pain, and answer, is this delusion, imagination, or the operation of the unseen forces of the living God?

In view of what I have said, what is our plain duty? To be physicians first and always, then Homœopathists or specialists. We should ignore no restorative or palliative aid, but be liberal and broad-minded, receptive to truth from all sources, keep our minds alert and wits sharpened, and not attempt to cure a case of appendicitis with colocynth, but with laparotomy; not undertake to cure every case of neuresthenia with homœopathic remedies, but first examine the orifices of the body and see if the key-note symptom is not there hidden; and possibly the whole train of symptoms, simulating many diseases, might vanish at once with the successful performance of the "American operation" or some minor operation in orificial surgery. We should not attempt to cure gall stone colic with china 2000 or any other potency, but with sweet oil and anodynes till mechanical obstruction is removed, We should be physicians "who think, who say what we think and do what we say." We cannot afford to entrench ourselves complacently behind our shibboleth, *similia similibus curantur*, but let us rather turn on the searchlight of scientific investigation and discover the weak points in our bulwarks and fortify them. Let us set humbly at the feet of Esculapius and implore more light, and adopt a new shibboleth, *Magna est veritas et prevalebit.* "Blessed, thrice blessed is the God of truth."

DISCUSSION ON DR. SHERMAN'S PAPER.

Dr. A. K. P. Harvey: — I have no confidence in any homœopathic remedy to overcome the colic occasioned by the passage of gall stones. I have less confidence in the advisability or practicability of the use of sweet oil. It has been suggested in days gone by that the liberal use of sweet oil internally so oiled up the stone or so lubricated the duct that it would pass with more ease and comfort to the patient. I am not disputing Dr. Sherman in the least but I would like to have him explain to this Society how and by what method (and I am fully aware that he can ask the same question, how any remedy cures disease) sweet oil will get into the tube, lubricate the stone and hasten its passage. I don't believe that any living man ever got any good result from the use of sweet oil in the passage of gall stones. I have seen it used repeatedly. I never used it myself for I never saw any sense in it, but it is often used, if not generally, by a good many physicians.

Dr. Sherman: — I never myself knew how it acted or whether it did any good or not, but I make the patient as comfortable as possible with some anodyne during the passage of the gall stone, sometimes ether, sometimes chloroform, and the sweet oil goes in as one of the things. I don't know as it does any good.

Dr. A. K. P. Harvey: — Probably we never see a patient in more excruciating pains, so nearly distracted by suffering as during a passage of a large gall stone. Unless they are relieved there is a shock to the nervous system which lasts for days. That alone would be sufficient excuse for applying an anodyne, sure and speedy in its action. I am no friend to morphine, except in as far

as it is absolutely indicated. In its place it is the sovereign remedy. In the passage of a gall stone through the duct there is no cure, you can't dissolve the gall stone. It is there until it passes through and drops into the bowel six inches below the stomach. What can we do? What must we do? No man should ever practice medicine without a hypodermic syringe. No patient ever suffered from one or two full doses of morphine and in the passage of a gall stone I believe it is the thing and the only proper thing to give.

Dr. Will S. Thompson: — Years ago a lady came to me and said that she had been given ether by my father during the passage of gall stones with good results. Once another physician gave her a hypodermic injection of morphine and she could not lift her hand or speak, yet the terrible excruciating pains were present whenever the stone moved. She told me not to give her morphine if I was called at the passage of the next one, and I have been with her three times since and used ether with good results each time.

Dr. A. K. P. Harvey: — I believe in the use of ether where the case is not of long continuance, but where it is of several hours duration it behooves us to use morphine. The point is to relieve the patient's sufferings and it can't be done with the 200th dilution in cases of this kind, I assure you.

Dr. A. I. Harvey: — I fully agree with the gentleman who has spoken in regard to giving morphine in the treatment of gall stone colic. I am a firm believer in china for the prevention of the formation of the stones. I have had several cases where I believe it has done it. Just as soon as the suffering is over the patient should be

put upon china and kept upon it. I usually use 3x or 6x.

Dr. J. C. Gannett: — There are cases of pain apparently in the gall duct but which afterwards prove to be connected with the passage of bile in which no gall stone can be found. I think they are due a great many times to thickening bile, which passes through the duct, produces an irritation of the nerves of the duct and spasms. I think in these cases we are warranted in believing that we can do much with our homœopathic remedies.

ARTICLE VII.

Oral Report of Cases, by A. K. P. Harvey, M. D., of Lewiston.

Two years ago when I last had the pleasure of meeting with you, I presented to your notice a paper, entitled, "A Few of my Failures;" believing as I said at the time, that as much was to be learned from cases of that kind as from our brilliant successes. Now, with your kind permission, I will call your attention to a few cases that have come to my notice during the last two years. I have no deaths from surgical cases to report since I last met with you. I shall report one death, however, but from other causes.

The first case to which I call your attention, is that of Mr. A., a laborer, whose work was in the engine house of the M. C. R. R. at Lewiston. His occupation was cleaning engines and kindred work around the engine house. In the year 1889 while stepping upon an engine, the knee came in contact with a projecting iron, causing a slight injury of which he took no notice for some weeks. It then began to be painful, was slightly swollen, and a physician was called who treated him for a time. The doctor was discharged, another one called who treated it a few months. He was discharged and the third one summoned. Three years after the injury the case came to my notice. I found the man had been unable to work for a year and a half. The knee was badly swollen, and six inches below the joint in the calf, I found a tumor

perhaps twice the size of a goose egg, hard and unyielding. The patient was suffering from intense pain whenever the knee was moved. In other words, there were all the symptoms of long-continued and destructive inflammation of the knee joint. Becoming satisfied that the tumor below the knee was filled with pus, that had formed in the knee joint, I recommended his going to the French hospital in Lewiston, where he was placed I think the third day after I first saw him. I promised him nothing further than that we would do what we could. I summoned several physicians to my aid. He was put under ether, that the joint could be opened up and thoroughly examined, although I was fully satisfied that there was destruction of the periosteum if not of the bony tissues themselves. The tumor was found to contain pus; it was beneath the deep fascia, and the unyielding sensation to the touch was caused by the great pressure of the pus beneath that membrane. Opening up the joint I found that all the cartilages in its formation were destroyed, the ends of the bones were bare and honeycombed, and destruction was so extensive that amputation was made six inches above the knee. The fourteenth day the wound was healed and the patient sent home. Now there were other symptoms present at this time. This man had a little cough, one of those dry, hacking, suggestive coughs, that was suspicious, to say the least. I warned him and his friends at the time of the operation that we might have trouble further along. Three months after the amputation I was again called to the case, he having from his own choice gone to the hospital and sent for me. I found him suffering from tuberculous disease of the lungs, from which he died six weeks later. The

disease had advanced very rapidly after the amputation. The lesson to be learned from this case is this: In tuberculosis disease of the knee joint, we should be very careful how we prognosticate a recovery even after the amputation of the leg. Whether in this case pulmonary disease had been brought about by absorption, I am unable to say. I am fully convinced in my own mind that if that leg had been amputated six months previously the man would have recovered.

The next case I will just give a passing notice, as it is of so frequent occurrence, and that is a large uterine fibroid. Mrs. B. about forty years of age. The only peculiarity about it was that there were two tumors, perfectly distinct, both lying upon the left side, one behind the other, and I can no better describe the appearance of them after removal than by calling your attention to the very familiar example of two apples growing upon the same stem. A common pedicle starting from the left coruna of the uterus, perhaps three inches long, then dividing into two, and upon each of the bifurcations was a tumor about the size of an infant's head. The two were successfully removed and the patient recovered.

My next case was somewhat interesting, a case of chronic or recurring appendicitis. This was a case that came to my notice a year ago last October. A young lady came to my office to consult me with reference to certain pain from which she was suffering, located in the right side of the abdomen. Upon going over the history of the case I found that three months previously, she had suffered from "acute inflammation of the bowels," in the city of Providence, and had been treated there for that disease. Upon closely examining the case, I found the

characteristic pains and other symptoms of appendicitis. I immediately recommended an operation, on the well-founded principle that the diagnosis of the disease is sufficient excuse for the immediate removal of the appendix. The patient was a stranger to me, I never had seen her until that evening, and I advised her not to take my judgment alone; but told her the next day I would get as good counsel as could be obtained and we would decide what to do. I called to my aid Dr. H. C. Bradford of Lewiston, and Dr. J. A. Donovan, and examined the case thoroughly. We were all agreed that appendicitis was actually present. There was a little question as to the advisability of an operation however, and also some question as to the method of the operation. However the young lady was put into the French hospital, and after three or four days of preparatory treatment, we operated. The incision, five inches in length, was made in the right linea alba. The appendix was readily found, filled with fecal matter, swollen, inflamed, but was readily removed and the recovery was complete. The results were most happy in more ways than one. In this case the pulse never went above 85, the temperature was above normal only one afternoon, the seventh day we moved the bowels and just previous to that there was some colic occasioned by the laxative that was given, that carried the temperature up a degree and that only lasted for six or eight hours. Aside from that the temperature was never abnormal or the pulse above eighty. The recovery was complete in three weeks, the patient discharged the fourth. I kept her under my observation, then, I think four weeks, and two weeks later she was about her usual work.

My next case was a small operation resulting undoubtedly in death and that was simply the repair of a lacerated cervix in a woman thirty-three years of age. I was called upon to operate for another physician and he assured me that he had got his patient ready for the operation and asked me to do the work.

This was also done at the French hospital, but I found the patient anæmic and worn out, having worked in the cotton mill and supported quite a large family. She was an overworked, half-starved woman. However I operated. The fourth day after the operation I was called to the hospital in something of a hurry and found her suffering from stitching pains in the right side. She had had a chill and had quite a distressing cough. Not noticing the cough so much but simply remembering that after a surgical operation a chill meant suppuration, I looked for that and failed to find it. The wound had united. Examination at the seat of operation elicited no pain, and looking further, inquiring into the cause of a pain in the right side, I found we had an advancing pneumonia. Now, this patient had not taken cold by any means. How then were we to account for it? It was simply the action of the anæsthetic, I believe. The disease progressed rapidly. The other lung was affected inside of six hours, it was impossible to control the inflammation, and in thirty-six hours from the first attack the patient died with acute bilateral pneumonia, caused, I believe, directly by the anæsthetic.

Another somewhat interesting case, one we are often called upon to treat, is another case of inflammation of the knee joint. I was summoned to Berlin Falls, New Hampshire, by Dr. H. W. Johnson, to see a lady about

thirty-five years of age, suffering from chronic inflammation of the knee joint. The history of the case was this: Nine months previous to my visit she had a severe attack of rheumatic arthritis that had kept her in bed practically from that time till I saw her, although when I was called she was in her sitting-room on crutches. The leg was contracted to such a degree that it was at right angles to the thigh, the knee was swollen, there was very slight motion, but the slightest movement elicited extreme pain. That there were adhesions in the knee joint there was no question, and the point to decide was, should we amputate at the knee joint? I recommended a more conservative treatment. The patient was placed under ether, the limb was forcibly straightened, although it required our utmost effort to accomplish it, (it took some twenty or thirty minutes of pretty violent manipulation), the leg was then put in a plaster-paris cast, which was allowed to remain there for three months, when it was removed, and the patient is now able to walk without the slightest pain and there is limited motion in the knee joint. No doubt a good leg, or as good as could be expected under the circumstances, will result, very much better at all events than none at all. The argument here might be somewhat at variance, you will see, with the previous case brought to your notice.

In the first case we had a truly tuberculous or at least a destructive inflammation of the knee joint. Where pus has actually formed in the joint, especially if there is the slightest dislocation backwards, you might as well amputate there and then as to put it off later. Where no pus is present, where no destruction has taken place, then put the limb in its most useful position and fix it there with plaster-paris and allow the inflammation to subside.

I had a case of empyema in a boy seventeen years old, who was declared by his attending physician to be "getting along very nicely and would be out of bed within a week." Refusing to consult with the medical attendant, I was called to take charge of the case. I found undoubted signs of empyema and advised prompt operation. I removed an inch and a half of the sixth rib, made a free incision right into the pleural cavity and by actual measurement we obtained three quarts of pus besides what was washed out, and the case made a rapid and complete recovery. I will say right here, never wash out a cavity after opening for empyema. I have done it once or twice and in one or two cases I have used no water at all, and where there was no washing done I got along better, and that seems to be the concensus of opinion as to the desirability of washing out.

One more case and I am done, and this case is peculiarly ludicrous in some of its features and serious in others. I might preface my remarks by asking you how you would like to have something of that kind wandering around inside of you? (Showing a centipede eight or ten inches long.) While sitting in my office last October, a very intelligent looking German woman called upon me. I immediately recognized her as the mother of a very respectable family there, well-to-do and intelligent. She wanted to know if the doctor was in. I assured her that he was, and with the utmost secrecy on her part, she said she wanted some private conversation with me. I assured her that the conversation should be strictly private, and asked her into my office. She says, "Doctor, I have got something in me inside, alive too." I assured her that that was no unusual occurrence, "But," she said, "it is a

bug in there." I made no remark. "Well, it's a frog anyway." I believed it. I let her tell her story. "I have been bothering around with these fellows, I have taken a barrel full of medicine and tried a lot of doctors and now I want a smart doctor." I assured her she had come to the right place. She told me that this animal was wandering around in her abdomen, getting up between her elbows and arms and from there shooting down under the skin to the ankle. She believed it to be a frog, declaring that he made such a noise that she couldn't sleep and sometimes had to take wormwood to quiet it, so she could rest. After hearing the old lady's story, I became convinced it was one of those peculiar cases where the imagination was the disease. Here was a woman that for five years had suffered with a frog inside her, kicking as she expressed it, nights so she couldn't rest, and her sons assured me the next day that they were afraid their mother would go crazy. She had been treated by at least a dozen or fifteen physicians. Some had laughed at her, some had physicked her and vomited her, trying to carry it one way or the other; but I was fully convinced that the physicians who had laughed at the idea were in the right as far as their diagnosis was concerned, but absolutely wrong in their treatment. Here was a patient who believed this from the bottom of her heart, and you could no more make her believe that her boys were not her own children, than you could that she had not some sort of a beast inside of her. I thought the matter over seriously, saw that she must be relieved or that insanity might follow, and determined to operate and get the bug or frog whatever it was. I called the attention of one or two medical friends to the case and they assured me they

would assist me in any way they could. I advised her to go to the hospital. She did, and the day I took her there, she had cleaned her house all through and as she said, baked food enough to last her boys a week, and they are healthy boys too, and three of them. I told her that I thought if she went there and staid a week, that the thing might get down where I could get hold of it. She went and I gave her medicine, cautioning her that the moment she found that thing was settling down, getting in other words near the anus, that I should be notified at once, for then was the time of all others to get it. She told me she would. I visited that woman twice a day for five days, and from the first dose of medicine she had, that thing began to settle down and quiet down. She slept better nights.

Finally one afternoon they telephoned from the hospital for me to come up, that the old lady was ready, the bug was down where she thought I could get it. In the meantime I had hunted around and found a young doctor who had this thing (the centipede) in his possession. I carefully wrapped it up and put it in my inside pocket and went up there. We put her onto the table. We had a little trouble about it. The Sisters of Charity, who were in charge of this institution, were rather averse to — well, lying, to express it correctly. The old lady was a little afraid she was going to be hurt and thought she had better take ether. I assured her if she took ether I could not get it at all and that she must stand the pain of the operation in order to insure its success. I put her on the table and with a rectal dilater I endeavored to see what was in there. I carried the instrument well into the bowel and began to separate the blades. You understand

something about what the pain is without an anæsthetic. Gradually I drew the handles together and consequently the blades parted. The old lady began to complain and declared that I was breaking her in two, but I assured her if she would hold on just a minute more, that I would get him, for I could see him then. With a pair of forceps I had that thing underneath a towel and with one mighty effort, with the dilating hand and an unearthly screech from her I assured her that I had him and held him up. The old lady cried out, "Thank God, thank God, you haf got dot frog." That woman went home perfectly satisfied.

Two weeks afterwards she came into my office and wanted to know if I was certain that that was all there was, for she thought she had noticed some young ones running around there. I assured her I would give her some medicine that would kill them, and did so. That woman is cured, all the symptoms having disappeared. It may be said that that was an unjustifiable deception. I believe it was the only treatment that promised any benefits whatever. At all events I have cured my case and believe that the end justified the means.

Dr. J. C. Gannett: — What do you call the case?

Dr. A. K. P. Harvey: — It was simply an hallucination, nothing else. It might have been neuresthenia but I should hardly think it. I believe that woman simply got that idea into her head. She said she knew where she drank it. She said she drank some water down to the beaches (I told her I had drank some water down to our beaches and that I wasn't surprised that there was a bug in it), and after drinking that water she thought possibly she had swallowed something. She kept think-

ing of it until it finally became an actual fact with her, and if you ever saw an expression of suffering on a patient's face, it was on that woman's until after she believed the bug removed.

Dr. J. H. Sherman: — I had a patient that was troubled very much with what seemed to be dyspepsia in a grave form. She was in Dr. Boothby's hospital for a time and got no relief, and finally came down home, and riding in the car one day she took up a circular from some advertising quack down here, advertising a medicine for the cure of all sorts of living insects in the body, no matter whether they were lizards or frogs, and she was impressed that that was the remedy for her, and she bought a bottle of it and took it; and when the medicine operated she examined the discharge and found a black snake longer than that pen and handle. It was a foot long and black, with a black head, and larger somewhat than that pen holder. She put that in a bottle of alcohol and carried it to show to her different physicians who had attended her. After having passed the snake the dyspeptic symptoms of several years standing vanished.

Dr. A. I. Harvey: — I believe on general principles, it is wrong to deceive a patient, still there are cases in which it is the only possible way to effect any benefit. Dr. Harvey's case reminds me very forcibly of a case, which I had several years ago and my treatment prevented her from being brought here to the asylum. She was about insane. She had been to all the physicians within ten miles before she came to me. She had a fixed idea that the summer before she had become pregnant and that there was a formless mass of something, she didn't know what, inside her.

She was certain it was there and no amount of argument on the part of her physicians had ever been able to eject that idea from her mind. She would not believe anything else and she came to me to know if it was possible to remove it. No physician, it seemed, had ever made an examination. I didn't know but she might possibly have a polypus and I made an examination, but found nothing whatever was the trouble. Everything seemed to be perfectly right. It was about the climatric. Probably that had something to do with the delusion. I did not tell her that there was not anything there, because I knew if I did she would not believe it. I simply put on a mysterious air and told her I guessed it was possible to remove the mass, and made an appointment with her at my office on a certain date. When she came in, I was ready and I introduced the speculum and with a pair of forceps (I had my material all ready at hand), I removed a mass. It hadn't much shape or form, but she saw it was something that didn't belong there and immediately afterwards I showed it to her.

It was in such a condition that it was impossible for her to name it from its appearance, and I didn't attempt to enlighten her any further than the fact that she had got rid of it. That ended the case. She had been months in that condition of mind, growing worse all the time, and her people had begun to think of the advisability of sending her to the insane asylum. She was positively insane upon that point. She lived after that perfectly sane, perfectly healthy, and died of pneumonia. It is a little singular that two physicians in the same state, of the same name, should have two cases of the same nature and

should both effect a cure by the same means, and I can only account for it by the old saying that great minds run in the same channel.

Dr. A. K. P. Harvey: — There was a case I meant to have spoken about, on which I want a little advice. I was called last July to see a young lady of twenty-three, married, and about two months pregnant. I found her in the most distressing state. The stomach absolutely refused to retain anything, even cracked ice would vomit her, the smell of food, or the least suspicion of the smell of food, would set her into a distressing state of vomiting. I did everything I knew of and summoned the best of aid in consultation, but to no avail; we were wholly unable to check the vomiting. Week after week passed by and finally, after trying everything that we could think of, three of us decided that the only thing remaining to be done was to dilate the uterus and remove the fœtus. The whole operation took exactly six minutes but she never rallied and died within a few hours. Now I would like to hear suggestions on this case.

Dr. D. C. Perkins: — Have any of the physicians had any experience with belladonna plaster over the stomach for vomiting? I had one case where I used it with decided benefit immediately. The article that called my attention to it was a monograph on the subject of belladonna from allopathic sources, but still a very fine paper, and giving some cases where it had been used successfully. The patient on whom I used it was a lady in the neighborhood of 33 or 34 years of age and mother of two children, and in her previous pregnancies she had vomited persistently for three or four months, and her physicians, whoever

they had been, had been unable to check the vomiting. It was almost a continous nausea, and after trying two or three homœopathic remedies, I resorted to belladonna plasters with satisfactory results.

Dr. J. H. Knox :—I have known of belladonna ointment being used, applied to the os where other things have failed and it has relieved, and I think if I had a case, other things failing, I should use that and expect to get relief.

Dr. A. K. P. Harvey : — Belladonna was used in this case in that way and I also had a belladonna plaster over the epigastrium.

Dr. J. H. Sherman : — The doctor should have practiced the conservative treatment and probably he would have done so, if he had known just how this case was going to turn out, but I think there was no other way than to do just what he did do. Probably she would have died anyway. I don't see how it could have been done more expeditiously than six minutes. If a woman could not live that length of time, I should think there was no help for her.

Dr. Will S. Thompson : — When Dr. Harvey was relating his first case of a swollen knee it made me think of my own experience. There was a boy in Hallowell who had a swollen knee. For several months he was treated by a physician there and he was also treated by Gardiner and Augusta surgeons. One day the mother asked me to go in and see the boy. I went, and told her that I didn't pretend to be much of a surgeon but if my advice was asked, the first thing I should do was to keep that boy's knee still; and she wanted to know how

it could be done and I explained to her how easily it could be done by means of a plaster-paris bandage, told her all about it. Her husband was away from home. I made an appointment to come and put on the bandage. She wrote to her husband and he wrote back it should not be done under any conditions whatever, because if it was the knee would be stiff ever afterwards, and so the woman sent word to me not to do it. Three or four days after the appointment, she came to me and wanted me to make another appointment and said she was going to have it done whether her husband wanted it or not. I don't suppose there was any tuberculous disease about that knee. It was very painful and swollen but in three weeks' time a plaster-paris bandage fixed that, so that the boy was able to run about without any trouble whatever. I told them to come to my office at a certain time. I didn't have any idea the bandage would be ready to be removed then, but when they came, it slipped up and down, so there was a great sore behind the knee and also on the calf of the leg. He was relieved by simply keeping the parts still.

Dr. J. C. Gannett: — My old school colleague in Yarmouth, who has been in practice between forty-five and fifty years and has had a great deal of obstetric practice and has been successful in it, frequently gives me a few points of his own. In a case of vomiting during pregnancy, he takes his old glass speculum, which is a size large enough to inclose the neck of the uterus, passes it in and incloses the neck in the mouth of it and then with a camel's hair brush paints the whole neck of the womb with a ten per cent solution of nitrate of silver, repeat-

ing it till the desired effect is produced from day to day, and he says he has yet to learn of a case where it hasn't controlled the vomiting in pregnancy.

Dr. Will S. Thompson: — What would be the effect of that treatment upon the os?

Dr. J. C. Gannett: — I presume somewhat of an astringent effect.

Dr. J. H. Sherman: — I should rather think it was occasioned by the neurotic effect, because I have known of instances of physicians making a point whenever they have a case of vomiting during pregnancy to pass the finger in and lift up. They pretend they are replacing the uterus or altering something and just from the time they touch the os the vomiting ceases. It must be some nervous impression that produces that effect and I think the introduction of the speculum would have the same effect, simply touching the uterus.

Dr. A. K. P. Harvey: — I will say that this is an entirely new treatment and not employed in the case I reported. I wish that it might have. I dislike to think that any treatment with any chance of success was left untried. It is well agreed that the whole process of vomiting in pregnancy is from sympathetic action. There is no question but direct treatment of the uterus is the best one, and I will say that the suggestion of the President is well worth remembering, for you may be called upon to have an equally sad experience as it was my misfortune to have.

Dr. J. C. Gannett: — One of those old-fashioned glass speculums is a pretty good thing to have in the house sometimes,

Dr. A. K. P. Harvey: — I don't know as a glass speculum is any better than another one.

Dr. J. C. Gannett: — No, he claims you want a glass speculum to just surround the neck of the womb to hold it there, so the solution of nitrate of silver won't go anywhere else.

Dr. W. Scott Hill: — I once had a patient who every time she ate and between meals had constant nausea. She had been treated by several physicians and had some local treatment. I prescribed for her once or twice before I saw her. When I saw her I made an examination with the speculum and found right in the external os a little growth about as large as a pea. I took the nitrate of silver and cauterized it and she has had no more vomiting since.

ARTICLE VIII.

SUBJECTS OF SURGICAL INTEREST TO THE HOMŒOPATHIC PHYSICIANS OF MAINE, BY W. B. PERKINS, M. D., OF MALDEN, MASS.

I can assure you it would be a very great pleasure to meet you again after five years' absence, and exchange friendly greetings. Not a year has gone by since I left your state that I have not planned and looked forward to the pleasure of meeting you. I have been very much interested in reading your transactions and to note the increasing interest in surgery. I am glad to see new men coming into your ranks.

I have not forgotten the honor you did me, by giving me the chairmanship of the Bureau of Surgery three out of the last four years, of my residence in the state, the two last years in succession, and I cannot do better, I think, than to speak briefly to you at this time on subjects of surgical interest. I would not for my life rob homœopathic medicine of one single laurel it has so richly earned. It is the privilege of the homœopathic physicians to save many from grave surgical operations and no doubt thereby save not a few lives. It is equally true that many successful surgical operations have ended fatally for the patients under allopathic dosing when they might have been saved by the use of wise homœopathic medication.

This fact has been abundantly exemplified in all the homœopathic hospitals. In the new Malden hospital, where

both schools work together, we have not lost a case. The first year so many deaths occurred that the Executive Committee inquired of the Medical Board the causes. It was found that the deaths were all on the allopathic side. Two important amputations the past year, one by allopaths — death in a few days — one by Homœopaths — rapid recovery.

This year we are getting our share of the surgery. The Executive Committee, as well as the people, see that we not only have surgeons, but successful surgeons, among the Homœopaths. We secured equal representation in this hospital only by standing right up and fighting with all our might, and *we stood together* in this fight, that is, the majority of us, *and that is the secret of our success.* We have one or two physicians who call upon allopaths to do their surgery. We all understand their motives for doing so, and fortunately the people themselves are beginning to understand. No wonder there is a prevailing opinion in the minds of the people that the Homœopaths don't know anything about surgery, when the homœopathic physicians themselves call on allopaths to do their surgery. It is not expected that every Homœopathist will be prepared or willing to operate on anything that may come up, but homœopathic surgeons are plentiful enough to meet every demand, and you need not send out of the state. You have several as good surgeons in the state as you can find out of your own state. Possibly they may not have had quite as much experience as some outside, but that is your own fault. Encourage the idea among your patients that we have surgeons and do surgery. Go to work for a hospital in one or more of your large cities. No matter if the beginning

is small. It says something to the people. It tells them that you are regularly educated physicians, that you stand on as secure a footing as your brother allopaths.

A large number of the people and many allopathic physicians really believe that you are only schooled in the art of dealing out little pills. They do not know that you have passed through the same course of study in all the different branches of medicine and surgery just the same as the allopaths. In addition to all they stand educated in, *you* are taught the science of therapeutics — the law of the similars.

The only way you can attain to an equal footing in the minds of the people is by encouraging surgery in our own school and by establishing and maintaining hospitals in the larger cities in the state. In this way you bring your work directly before the eyes of the public.

Surgery stands preëminently foremost among the sciences and arts at this latter day. Prof. Helmuth in his masterly address before the World's Congress of Homœopathic Physicians, in speaking of surgery, says: "The world respects it; legislative bodies appreciate its worth to the communities they govern, and the people applaud it as the most progressive of all collateral branches of medical science, and I make the assertion here, that after a tolerably wide experience, until the value of surgery as a means of the propagation of the interests of our own school is fully acknowledged by our own men, we never can obtain equal governmental and civil appointments with the old school. Great institutions will never be intrusted to our care until the people controlling them are satisfied that injuries can be cared for and all operations properly performed."

This is in the line you have heard from me in days gone by when I was with you. I emphasize it to-day. I speak with greater boldness, for no one of you can accuse me of self-interest. Now you need not send to Boston for a surgeon; you have them with you. Encourage them. You cannot, you don't want, all of you to be operating surgeons. Few of you will have to send many miles to obtain a surgeon of your own school, who is not only willing but able and capable of doing any kind of emergency surgery.

In the early years of my practice in Bridgton I had a case of necrosis of lower end of femur in a girl of about twenty years of age. I sent the case to Portland to the Maine General Hospital. Word came back that as she was in excellent physical condition, the operation promising to be very successful. A few weeks went by and word came that another operation would be necessary. Several weeks more of anxious waiting and the mother was sent for, and word came that the leg would have to be amputated to save her life, and the amputation was performed. Three days later they coffined her and sent her home to her untimely grave. I resolved at that time that I would do my own surgery, that I never would send another patient to an allopathic physician or to an allopathic hospital. I studied hard. I went to New York and took a special course in the Polyclinic, and the people in Bridgton, as well as in Malden, can tell you how well I succeeded. There is not one of you but can do as well as I did. No doubt many of you can do better. You don't know what you can do until you try. Step with caution and intelligence, but step boldly. Remember a life is in your hands. It is a sacred trust, but fear

not at that, you will not be guiltless if you leave the case to perish in allopathic hands. Homœopathic physicians have become too numerous and too far advanced at this late day to rest their honors alone on little pills or on the law of similars. They must stand abreast of the old school in all the collateral branches of the medical art. They must not only know as much as their allopathic brothers, but they must impress the world with that knowledge, they must employ the means and take the steps to force recognition from the people. Hospitals and surgery appeal at once to the public eye and ear, and their work is known by all.

I fear I am becoming tedious. I am so anxious to press this question home to your minds. I want to see you in control of the new insane hospital when it shall arrive. I know much is to be done before you can command the confidence of the people to such an extent as to secure so rich a prize. If you will only work together what opportunities await you! If you could have faith as large as a grain of mustard seed! If you would show your faith by your works! If you would stir yourself and make a noise so the people could hear you! Let them know you can do surgery. Let them know the advantages of having homœopathic treatment with surgical operations. Let them know how successfully you are combating septicemia following grave operations, and you will soon find men and women of wealth putting their hands into their pockets and helping you. Fellow colleagues of Maine, let the coming year be a year of earnest, mighty action, and you will lead all the other states in bringing our beloved school of medicine to the front.

ARTICLE IX.

BURSITIS, BY J. H. KNOX, M. D., OF WATERVILLE.

I WISH to speak of two cases of bursitis that came under my care. Prof. Helmuth says kali. H. is more effectual in the treatment of chronic bursitis than any other remedy which he has employed. I think the same may be said of acute bursitis, as well proven by these cases, which came under my observation.

Case I. A. F. D., a man about thirty years old, came to me complaining of severe, excruciating pain and swelling of the knee. The pain was mostly over the patella. I gave him rhus tox. and ordered it painted with iodine, with perfect rest. There was little or no effect produced, the swelling increased and I finally aspirated and drew off about 4 ozs. of a reddish, gelatinous substance. The cavity refilled in about two days, when it was thought best to make an incision, which was done. It discharged very freely. I dressed it with iodoform, bandaged it as tightly as I dared to and gave him kali. H. 1x, 2gr. powders, three mes a day. It discharged for a few days, then healed up and in about three weeks the man was about as well as ever, except some weakness of the joint. I do not know as painting with iodine does any good or that it would be approved of by homœopathic physicians generally, but I do think, while I believe thoroughly in the homœopathic remedies, that homœopathic literature fails in not recommending local applications and local treatment.

Case II. Nov. 29th, I was called to see a man about thirty-five years of age, whose previous health had not been the best. About one year before he had some trouble with his arm and elbow joint, which from his description, I thought must have been of a scrofula nature. At this time the knee was badly swollen, all around under the knee and down the calf of the leg, it had a dark purplish look and had a soft, doughy feeling. Over the patella was a soft fluctuating tumor, which was quite painful. Gave him rhus tox. and arsen. in alternation and painted it with iodine, commanding perfect rest. There was no improvement, the swelling increased. Nov. 31st, I made an incision. There was not a great amount of pus. I thoroughly washed out the cavity with a bichloride solution, then thoroughly painted the sac with iodine, dressed it with iodoform, gave kali. H. and arsen. in alternation. It healed without a drop of pus, and the man was soon able to go about his work. The case recovered much sooner than the other. I believe it is better to open the sac early.

DISCUSSION ON DR. KNOX'S PAPER.

Dr. A. K. P. Harvey: — That treatment of bursitis is in keeping with my own experience and I might mention to the doctor it would be well instead of using iodine, although that is very excellent, to try 95 per cent. solution of carbolic acid. I believe it to be the best treatment for hydrocele that is known to the medical profession to-day.

Dr. A. I. Harvey: — How many drops?

Dr. A. K. P. Harvey: — That depends some upon the

size of the cyst. When a hydrocele gets to be what we call large, for instance, if it holds a pint and a half, the most satisfactory way then is to operate, but up to that time you can inject in there half a drachm of the 95 per cent solution. After the scrotum has been manipulated so that you are certain that it has reached all parts of the sac then you can very easily remove the excess. In this way you will cure almost all cases of hydrocele with but very little pain to the patient. The treatment is painless, carbolic acid acting as an anodyne, and the amount of suffering is reduced to a minimum and the result is most happy.

Dr. E. S. Abbott: — I think that the carbolic treatment for hydrocele is the best and at 90 per cent with the ordinary hypodermic syringe there is almost no pain.

ARTICLE X.

Eye Notes Chosen from Practice, by G. E. Heath, M. D., of Gardiner.

The general practitioner is often applied to for the relief of the different forms of conjunctivitis, veiled perhaps by the patient under the name of pink-eye, sore eyes, or weak eyes. Frequently the refraction is at fault, and this factor should always be considered as a possible cause of a persistent hyperæmia of the conjunctiva, either in the child or adult. It is useless to adopt other local measures of relief than the properly adjusted lens, or to prescribe the indicated remedy when the surgeon's splint is needed. The first symptoms of presbyopia are frequently disregarded by the patient, in the vain hope that a postponement of the inevitable glasses will strengthen the vision. Often the glasses themselves are improperly adjusted, and a correction of this defect removes the irritation of the conjunctiva. Many a travelling man's conjunctivitis is removed by the simple advice to avoid traveling in the smoking car.

Eversion of the lid frequently discloses a trifling particle of dust, for which aconite has been prescribed in vain. Remove the dust, and the aconite now works like magic. Examination of the caruncle often discloses a foreign body, an inturned eyelash, or a granular inflammation which is soon remedied by applications of a pointed crystal of sulphate of alum. A persistent watering of the

eye may be caused by a closure of the small orifice of the canaliculus. If a probe is not at hand, the blunt end of a needle will soon clear the passage. Mild lotions of boric acid and distilled water give great relief. It is seldom wise to prescribe a rose-water lotion, unless one is sure that the imported distilled rose-water will be supplied. The average druggist's rose-water is prepared by adding oil of roses to water, a compound which is irritating to the sensitive conjunctiva.

Douches of hot or cold water, or evaporating lotions, often aid in the cure of conjunctival hyperæmia. Nasal catarrh, debility, indigestion, constipation, play prominent parts in many cases of conjunctival irritation. The indicated remedy here gives the Homœopath the advantage over his allopathic neighbor. I have come to look upon hepar as almost a specific in corneal inflammations. Aconite in the acute exacerbations of chronic troubles, and arsenicum for various ocular inflammations when burning and heat are characteristic symptoms. Senega works admirably in cases of hyperæmia with asthenopia and argentum nitricum, locally and internally, has no equal in the treatment of ophthalmia neonatorum. The phlyctenular form of conjunctivitis is of common occurrence, appearing in the scrofulous and poorly nourished, in the damp months of spring and fall. I find it particularly common in children whose diet is chiefly made up of potatoes, and recurrent cases usually point to some uncorrected error of refraction. The small nodules usually appear upon the margin of the cornea — indeed it is hard to draw the line between phlyctenular keratitis and phlyctenular conjunctivitis. Hepar, arsenicum or mer-

curius are the remedies in these cases, with yellow oxide of mercury or atropine locally. Pyoktanin occasionally proves beneficial, but seems to me to be greatly overrated. In using atropine the patient, if an adult, should always be instructed that vision for near work will be impaired for some days. Here again the physician, if careless, may carry a little atropine into his own eye, and have the annoyance of an enlarged pupil and blurred vision for some hours. Too often atropine is given to the patient for home use without suitable precautions as to its dangers. After having several members of a household come to me with widely dilated pupils and blurred vision because they thought they would try the drops that helped Maggie so much, I have learned to direct my patient either to destroy the bottle or bring it to me after using it. Some months ago a man consulted me because he could not see to read, while distant vision was unimpaired. His tongue and throat were dry and pupils dilated. Nothing had been used in the eyes, and he declared that he had taken no medicine. There was no history of a previous sore throat. Upon my insisting that some drug, either bell. or hyoscyamus, was at the root of the trouble, and that I could do nothing for him until I knew the truth, I finally drew forth the confession that for a week past he had been taking a medicine prescribed by a brother physician. A copy of the prescription was obtained, and hyoscyamus was named among its ingredients. A little eserine was instilled in the eye and shortly the accommodation was restored and the patient enabled to read. Mark what followed: The patient's landlady was seized with a simple conjunctivitis and

because the passion for prescribing is so inherent a trait in man, she was advised to try the magic drops that once restored the blind. It took some days to restore this eye to working order.

If every physician would follow Condi's rule of instilling a two per cent solution of nitrate of silver in the eyes of every new-born child, ophthalmia neonatorum with its terrible consequences might be averted. Too often the physician is called after the disease has become uncontrollable from the home treatment of breast milk, tea leaves and alum curds. In these cases absolute cleanliness must be enforced. The eye should be cleansed by the nurse every fifteen minutes, and the physician should himself examine the eyes at least once in twenty-four hours. And here a word of warning should be said to the physician, who not always realizes how great a risk he runs in the treatment of these cases. By neglecting to cleanse his fingers after treating the purulent eyes, he may not only excite an attack which may result in his own blindness, but he may endanger the vision of his next patient.

Conjunctival hemorrhages frequently occur in the aged, sometimes so extensive, and accompanied by so much chemosis as to cause great alarm to the family of the patient. I known of no trouble so little serious in itself which can so disfigure an eye. We can assure the patient that the condition is of little moment, although the disfigurement will persist for some time. Hamamelis locally and internally is the only remedy required.

The severe supra-orbital neuralgia accompanying many cases of conjunctivitis and iritis, as well as one occurring

idiopathically, will often tax your patience to the utmost, when spigelia, macrotin, gels., ars., magnesia, prunus, and val. of zinc fail, salicylate of sodium will prove a valuable remedy. "Hering's Guiding Symptoms" gives an interesting picture of this condition under salicylic acid.

ARTICLE XI.

Chronic Pharyngitis, by W. Scott Hill, M. D., of Augusta.

In our changeable climate chronic inflammations of the pharynx are quite common, usually the result of neglected or improperly treated acute attacks. It is not necessary to describe the anatomy and relations of this organ, more than to say that it is a flattened tube nearly five inches long and from three fourths to an inch and a half in diameter. Above it is attached to the base of the skull and to the body and wings of the sphenoid bone, posteriorly to the anterior surface of the five upper cervical vertebræ, from which it is separated by the retro-pharyngeal cellular tissue. Anteriorly it is the base of the nasal and oral cavities, below it is connected with the larynx and œsophagus. It is composed of three layers or coats, an internal mucous membrane filled with follicular and racemose glands, and covered above with cilliated and below with squamous epithelium. The middle layer is fibrous, giving firmness to the organ. The external is the muscular. In its normal condition the pharynx is freely movable. Through this tube passes the air we breathe, our food and drink, it is in fact, the gateway to our physical life. In the areolar tissue around it are the deep lymphatics of the neck, and the carotid arteries; the deep veins and nerves are in close relation to it. Nearly all the kinds of tissue in the body enter into or are in intimate proximity to it.

Considering its size it is one of the most important organs in the body and is liable to a variety of diseases. In persons of a scrofulous diathesis it is peculiarly susceptible to inflammations, which like most diseases in this diathesis are slow to regain its normal condition often passing into the chronic stage with hypertrophy, and, whether involving adjacent organs or remaining limited to the pharynx are always uncomfortable and often painful, and as a rule unsatisfactory cases to treat. The old name of angina faucium is very expressive of its principal subjective symptom. Though divided for convenience into three sections, naso-pharynx, oro-pharynx and laryngo-pharynx, nearly all inflammations are found to disregard arbitrary divisions and to involve to a greater or less extent the whole organ. It is the purpose of this paper to give a few typical cases of chronic pharyngitis and the treatment. First a case of chronic follicular or granular pharyngitis. The patient, a young lady about twenty-one years old, applied for treatment, July 1892, for a sore throat, of two years' duration. Inspection showed the uvula, velum, palate, tonsils and pillars of the fauces dark red and tumid, and the posterior wall of the pharynx also dark red with an hypertrophied condition of the mucous glands, particularly the portion occupied by the racemose glands. Deglutition or coughing, in fact any motion of it, was painful. The distress from it had affected her general health. At the first call she was suffering from an aggravation caused by a cold to which she had been susceptible since having the chronic soreness of the fauces. She could give nothing very definite as to its cause, only that it came on gradually; as there was no

discoverable constitutional taint, it was undoubtedly the result of a neglected cold. There was hoarseness and some cough. Her first remedy was kali bichomicum, though the fauces did not have the tenacious, stringy mucus so characteristic of this drug. A month later she had her first prescription of baryta iodata. Two months later she returned much pleased to say her throat was better. She continued taking this remedy at rather irregular intervals, coming once in two or three months some fifteen months and calls herself well. Baryta iodata was the only remedy she took.

In another case a man of rheumatic diathesis, prone to tonsilitis resulting in abscesses, with a similar condition of the mucous membrane of the pharynx to the first case. Phytolacca has been very beneficial. He has escaped the past year and a half from his usual inflamed sore throat, by keeping the medicine by him and taking it on the first symptoms of his old trouble. A young lady now being treated for chronic granular pharyngitis, the result of an inflammation of the tonsils, reports amelioration of her symptoms, through taking Phytolacca only two weeks. No local treatment was employed in any of the cases, and two of them had for a long time been treated by old school physicians. The three preceding cases were limited to the first or mucous coat of the pharynx.

Another type is where the tonsils are the seat of the disease and implicating other portions of the pharynx. Chronic follicular tonsilitis is not in my experience, or in the medical literature consulted a common disease. In fact I can only recall one typical case of it, where the tenacious, inspissated mucus adhered persistently for

months to the tonsils. If removed by force it would soon collect. This was in a young saleswoman. Otherwise than her throat trouble, she was in good health. When she came for treatment the tonsils were slightly enlarged and covered with points of thick, yellowish adherent mucus. The mucous membrane of the parts of the pharynx in view was somewhat congested. The principal subjective symptom was a feeling of soreness and pain when swallowing or coughing. This case was finally cured by bell. 6x. This remedy was given in the third decimal at first but without improvement; other remedies were tried but without benefit, then the sixth decimal with rapid improvement and cure.

A class of cases very closely allied to these is one in which the characteristic subjective symptom is a lameness rather than soreness. So long as the throat is quiet there is no pain or much discomfort, but swallowing, whether of liquids or solids, is attended with considerable pain. In the majority of cases observed, the objective symptoms are not marked. The internal layer is not, as a rule, much changed. The seat of disease in this form is in the external or muscular layer and appears to be rheumatic in its nature, similar to muscular rheumatism in other parts of the body. Cold, damp weather aggravates. Dulcamara has been a good remedy in some of these cases. Rhus tox. and phytolacca have given good results according to the totality of symptoms.

The third and last type which will be considered, is the syphilitic. This is usually a late manifestation of syphilis. Its special seat being the soft palate, velum, palate, uvula and posterior wall of the pharynx, eating, if

not arrested, through all of the coats. From cases which have come into my care for treatment it is evidently frequently mistaken in its first stage for the non-specific variety, especially when occurring in patients whose social standing would lead the physicians not to suspect it. In some instances the patients themselves do not suspect the cause. If they had had syphilis they believe themselves to have been thoroughly cured. Before the ulcerative stage a mistake in diagnosis might be made, but not after if the physician is careful and thorough in his examination. All the cases related here came to me from old-school physicians. A man past middle life had had an aching sore throat for months. The fauces were dark and sodden and a few small, dirty looking ulcers had appeared on the soft palate and posterior pharynx. He was at once put on merc. iodatum flavum in material doses, but before he began to be affected by its action the slough exposed the anterior surface of the aponeurosis of the cervical vertebræ. He then had acidum hydriodicum in alternation in the form of syrup; with these two there was rapid improvement and a complete closure of the openings made by the ulcers. He afterwards took aurum muriaticum with marked benefit. One day he said, "What is the matter with me? I have asked you a good many times and you have always put me off with some answer that don't satisfy me." When told he had sometime had syphilis, he admitted having contracted it more than forty years before, when a boy, but supposed he had been entirely cured, and was surprised to think all the suffering he had endured was the result of his old disease, which he had not suspected. He is still under

observation though his throat is apparently well. In the case of a young man, there were several large ulcers and the fauces where not ulcerated had the appearance of raw flesh. He was using a strong gargle of tincture of iron. The poor man was suffering from hunger, as it was torture for him to eat. He quickly improved by taking kali iodatum. He did not know the cause as he afterwards told me. He was told by the physician he was completely cured. In the case of a lady long past middle life, who had a tickling in the naso-pharynx, aurum muriaticum quickly relieved, and also of an obstinate constipation, which had made her miserable for years. This remedy is particularly indicated where the bones of the nose or naso-pharynx are diseased from syphilis. acidum nitricum is another remedy which has done good service in a few cases of syphilis of the pharynx. There was a hot, sweating sensation with soreness, in the cases most benefited.

In treating chronic diseases of the pharynx in females, whilst none of us would probably go to the extreme of attributing all chronic diseases of the throat in common with other chronic diseases, to the cause so confidently enunciated as a law by one of our school, viz., that "there is one predisposing cause for all forms of chronic disease, and that is a sympathetic nerve waste occasioned by orificial irritation at the lower openings of the body," it is well to remember that some cases are aggravated by diseases of the lower openings of the body, particularly of the cervix uteri.

The treatment of some of these cases by the old school is in some instances barbarous. In one case the stick

nitrate of silver was used to cauterize the diseased pharynx. This patient was cured without local treatment with merc. iodi. flav. and acidum hydriodicum. For non-specific granular pharyngitis, Sir Morrill McKenzie recommends the pharyngeal curette and local application of solid nitrate of silver after curetting.

ARTICLE XII.

The Knife, Versus Similia Similibus Curantur, by D. C. Perkins, M. D., of Rockland.

The tendency of the day is to place all diseases peculiar to one sex in the surgical class, and when a patient of that sex presents herself for treatment, it matters little whether her trouble arises from a traumatic, organic, functional, reflex or neurotic source, search is at once instituted to discover if the scalpel or curette may be used. The list of operations to which the average woman must expect at no distant day to submit, if she has not already submitted to several of them, includes abdominal section with the removal of one or several organs, amputation of cervix, colporrhaphy, perineorrhaphy, hysterectomy, curetting, amputation of clitoris, and many others. Unquestionably, pus cavities should be evacuated, malignant growths should be removed, when practicable, and lacerations should be repaired in due time; but there remain a large number of cases in which the knife is being used, where the skilled physician might with propriety stay the surgeon's hand.

Not every tender, or enlarged, or painful, or prolapsed ovary requires removal; not every congested uterus should be curetted or have its cervix dilated. Cases are not rare in which the ovaries have been removed without an attempt even to cure the neurasthenia from which the patient was suffering. The removal of these organs

should not too hastily be decided upon. The effect upon the mental system of the dismembered individual is often the reverse of salutary. A writer quoted in a recent number of the Medical Advance, remarks that "it is a well-known but not generally acknowledged fact that recovery from an operation and cure of the disease, are *not* synonomous terms. The subsequent history of many of those operated upon would often be a sad recital of aggravated suffering."

The female eunuch is, if possible, more an object of commiseration than her brother who *was* of the male gender. The proverbially capricious disposition of the gentler sex becomes more capricious; melancholy takes the place of cheerfulness, and irritability usurps the sweet and sunny temper. In those cases in which the expected relief from suffering has not followed a "successful" operation, the task of the physician is much greater than before the patient passed beneath the scalpel's blade. Her disappointment is proportioned to her previous hope of relief and the resulting despondency greatly retards the cure which will follow the administration of the proper homœopathic remedy. The conditions which we may reasonably expect to overcome by remedies are now to be considered. Neuralgic or rheumatic pains in the ovaries, even when accompanied by congestion or displacement rarely refuse to yield to apis, belladonna, lachesis or nux vomica. They are often cured by other remedies.

Congestions of the uterus with, or without the accompaniment of profuse flowing, if of recent origin do not require anything more heroic than a decimal or centesi-

mal of the indicated remedy. A prolapsed womb with relaxed vaginal walls is not unfrequently restored to normal conditions by the aid of sepia, or some of its congeners. Dysmenorrhœa, unless resulting from a mechanical cause, is readily amenable to medication. The same may be said of menorrhagia, and not unfrequently of metrorrhagia also.

When those who do not undertake all branches of surgery recover from the paralysis which now enthralls them from witnessing, or reading of the feats of those who do, we may again obtain as brilliant results from carefully selected remedies as has heretofore been done. It should not be forgotten that the homœopathic law is as vigorously in force to-day as in the earlier days of the century, when its many unquestioned and unquestionable cures gave the system an impetus which has not yet abated. The cures made by remedies prescribed by Henry N. Gurnsey, by Carroll Dunham, by E. A. Farrington and others of greater or less fame, were not the results of faith in the prescriber, but the results of accurate prescribing under the homœopathic law.

When that law is as carefully and wisely followed by us as by them, we shall be able to show results equally as brilliant and equally as gratifying.

ARTICLE XIII.

Sanitary Science of the Sickroom, by Mary Bates Stevens, M. D., of Auburn.

In selecting my branch of Sanitary Science to write a few lines upon, I have thought a few hints upon the care of a patient's room and surroundings would not come amiss. I think, as physicians, we take too much for granted and leave wholly to the nurse what is her legitimate duty to attend to and what is just as much *our* duty to see that she does attend to.

Of course we all say, in a general way, the room must be kept clean, as well aired as circumstances will permit, free from drafts and of even temperature. But we must see that this is done. Now, as a rule, we find our sickroom carpeted. Are we particular to see that the dust is removed from that carpet as often as it ought to be?

I have seen a carpet which had not in any way been cleaned for a month, with a poor invalid lying on the bed trying to breathe when there was no air in the room fit to be breathed. The nurse did not dare brush up the dust from the carpet for it "stuffed" the patient. I had her take water and cloth and go over the carpet as she would a bare floor, except of course, she was careful not to have her cloth too wet. Her dusting of the furniture of the room had been done with a feather duster, and here I had her use a cloth. I think the patient had a more *respectable* feeling and I know that every time a body

stirred in her room the dust did not rise to choke her. She had had little faith in Homœopathy when I was called in, and after she got well she said she thought my watchfulness of the nurse helped in her cure as much as my medicine. I agreed with her that they "worked together for good."

I have been, as no doubt you all have, disgusted with odors we have met in the sickroom. My olfactories are specially keen and have helped me in many cases. If we do not look after it the urine is often left under the bed or in the commode from one time of voiding till the next. One nurse, whom I detected in that practice, said the patient "did so little" it hardly paid to empty the vessel every time. She was given to understand that the vessel must not only be emptied every time but must also be washed thoroughly each time, whether much or little had been in it.

Many times you find the sunshine wholly excluded from your patient's room. There are very few cases that demand it. I have never had a case in my practice, and when you find that state of things, bring about a reformation as quickly as possible, but in so doing you will have to use tact and patience beyond almost any other condition you find.

The room must be made to look as cheery as possible and the patient should be kept cheerful. Allow her bouquets but see to it that the flowers of a strong odor are removed before the bouquets are taken to her room. Always have the flowers removed at night and not returned until their stems have been cleansed and fresh water put in the vases. You can readily smell them if they are not

cared for, and your patient is breathing that polluted air.

Do not let your patient have too much company and postively forbid the admittance of the long and sober-faced Sunday visitors. I have noticed in my practice that I have been more likely to hear "O, I don't feel quite so well this morning" on Monday than any other day in the week. If visitors cannot be cheerful and cannot make short calls, keep them out.

Of the patient herself we know proper bathing and diet are very important auxiliaries in her cure. If we do not know our nurse well we must make proper inqiries and advise her in those things unless everything is being done as we wish, which I think seldom happens.

Above all other things I believe the patient should be kept quiet, cheerful and clean.

ARTICLE XIV.

Quarantine and Disinfection, by Will S. Thompson, M. D., of Augusta.

You find my name upon the Bureau of Sanitary Science. It cannot be there because I am much interested in the subject as it is officially practiced in this vicinity. Certainly the officials do not practice in accordance with Sir B. W. Richardson's trite remark: "Cleanliness covers the whole field of sanitary labor, that is purity of air, etc." I wish to side with Prof. Richardson.

That sanitary science has been the means of improving the physical condition of the race none will deny, and it is not at all strange that some with overwrought zeal should advocate some measures which seem entirely uncalled for, and even absurd; and as a result some error creeps in, and if this error exists in the mind and actions of the medical profession, it is only natural that the laity should accept the error also. Although we say sanitary science, it is found to be, as one writer asserts, "no science at all," for what is accepted as truth to-day is often shown to be error to-morrow. In fact the science, though "no science at all," is in its infancy and is formulating some laws, which have truth within them, though much error must be cast aside before these truths, which nature has in her keeping, will be common knowledge.

I wish to make some remarks upon the subject of quarantine and disinfection. The law of Maine requires

physicians to report all cases of contagious disease. The report having been received, the health officer visits the infected place and placards the domicile. School children, if any, are kept from school, but allowed to run in the street at pleasure in many cases. Visitors are forbidden. The result is a case of pathophobia. If it is a case of serious nature a watch is placed over the afflicted household and everyone is kept within and none are allowed in from without.

Most houses are just large enough to live in while health exists, now there is a crowded condition of affairs and cleanliness is very difficult to have, whether of air, house or body. Those within are overworked and often succumb to the prevailing disease. Common love of fellow man would demand that while there is so much guarding going on, the health board should see to it that the common laws of health should be observed and proper help, food and clothing provided such a household.

As I have described the matter it seems to me that all sanitary laws have been broken and that, too, by its own official friends. It is only necessary for us to have some experience in our own families to feel the oppression of public officials upon the already afflicted family.

Now while all intercourse has been forbidden, what about the physician? He comes and is a welcome visitor now. His rounds take him among not only the well but the feeble and those liable to contract disease.

What precautions do physicians take not to spread contagious disease? Do the majority take any whatever? I believe not. And even if they do for the sake of making an impression upon the susceptible portion of

the community, I believe more harm is done than good, for they contaminate the air with odoriferous and pathogenic compounds, thereby disregarding Prof. Richardson's rule and have a condition of things wanting in cleanliness if nothing worse.

Can disease germs be killed in an atmosphere that a human being can breathe sufficiently long to accomplish the work of destruction? Yet I know personally of a health officer who, upon leaving cases of contagious disease, after a visit of inspection, took a cover from a coal stove and poured some sulphur upon it and stood over the fumes. The attending physician found his patients nearly suffocated upon his entrance, while the health officer sought pure air in order to breathe. When the health officer was asked what good was accomplished he had to admit that the impression and the stink was about all.

I saw an attending physician sit down beside a scarlet-fever patient, having pinned a sheet closely around his neck and body and finding the necessity to use his pocket-handkerchief, saw him put aside his protection (?) and draw the handkerchief from his coat-tail pocket, use and return to the pocket. What was the use of the sheet, if he was going to so far forget himself? I call it a farce, perhaps better a fraud. A member of the State Board of Health once suggested that we return to our homes and make a change of apparel after visiting each case of contagious disease. When it was suggested that our suits would not hold out sometimes, he said we could wear a rubber coat. Shades of Hippocrates and Esculapius. What a farce! But what do you do to protect yourself and your patient? Wear well-brushed clothes, eat well,

sleep well, keep the body in a perfectly healthy condition by all possible means, and teach the laity the same. Teach them that this is all that is necessary. Tell them the precautions as usually practiced are worse than useless.

When contagious sickness comes people should be treated with more consideration than is accorded them in health and not as though they were the authors of some criminal offense. In many cases treatment worse than is accorded criminals (for the latter have material furnished suitable for sustenance) is given them.

If the sick are to be quarantined it should be the legal duty of the Health Board to see that the quarantined have sufficient help, food and clothing, and observe the accepted rules of hygiene, and these things, if necessary, at the expense of the public treasury, since the lessening of the disease is for the public good.

Then after the attack has terminated comes the disinfection of the house. Tell us how often it is practiced as the Board of Health have directed? And if occasionally a Board is more thorough in its work, is it just or proper for the householder to suffer the destruction of his property, or the already suffering family to lose their clothing? If it must be done let it be good work and then paid for from the public treasury.

This may well be called the disinfectant age. Every enterprising chemical firm has at least one preparation with reputed disinfecting power. These, in the circular describing them, contain the names and addresses of supposed reputable physicians. Even the State Boards of Health seem not to be slow in assenting to their efficacy. Germs, noxious and innoxious, are said to abound within,

without and around. In health we have an equilibrium between the two, in ill health the former outnumbers the latter. Investigation has given us germicides or disinfectants which will kill these germs under some conditions and in some places, but it has become a serious question, whether it is best to sacrifice the patient's life in trying to destroy some noxious germs.

It seems to me that one great desideratum is to so plainly inform, instruct and impress upon the medical profession especially, and through them upon the laity, the office and purpose and scope of a disinfectant. Although the olfactory nerves often warn us of a disagreeable odor, the best sanitary knowledge and experience tells us that infection very rarely attends as a consequence, and when it does, its presence can be known only by its results.

A disinfectant, according to the definition given by the American Public Health Association, is "an agent capable of destroying the infective power of infectious material." Now I claim that the means used by the local Boards of Health do not fulfil the conditions either in the manner of their application if the kind is efficacious and more often the kind of material is not strictly a disinfectant. Many times we find that the popular idea prevails and a simple deodorant is used to perform an office that only a proper disinfectant could perform. If the popular idea prevails, the public are still exposed to the infectious material, if present, while still trusting the efficaciousness of means used.

The effort should be made to have the laws (?) of sanitary science conform to the dictates of common sense,

not encouraging the physicians and local health officer to perform certain operations, effectual or not, without regard to their effectiveness, simply for the sake of gratifying a morbid desire among some pathophobists in the community. It seems to the writer that it is worse, much worse to have the *fear* of disease rather than actual disease pervade the community, for more people are liable to be affected and proper means can control actual disease, easier than the fear of disease which cannot be located.

Now after coming to a clear understanding with regard to effective disinfectant and its proper use, no half-way measures should be tolerated. For example, if a room is to be disinfected, it is proper to develop sulphur dioixde with the room tightly closed, not simply burn a little in a slipshod way. Is it proper to use mercuric cloride as a wash for paint, leaving the paper without any additional application? If the paint needs any attention after the sulphur fumigation, why do not the walls need the same? I say the paper should be removed, the walls have the same attention as the wood work, and all this expense should be borne by the public treasury.

It seems to me that a great number of thinking people have come to look upon the teachings of the Board of Health as unwarranted by the facts of their own experience. For instance, many have seen single cases of diphtheria occur in crowded settlements without any extension of the disease and no precautions as the Board of Health used. I have known it to be so in my own experience many times.

I don't wish to be understood as opposed to the teachings of Health Boards in their entirety, by no means, but

I wish to have only those means used which can with authority be executed and then all expenses which will be incurred in their execution, should be borne by the public treasury. In this way better work would result with less loss to the unfortunate sick or to the landlord who would be less opposed than now to rent to families containing future men and women.

DISCUSSION ON DR. THOMPSON'S PAPER.

Dr. E. S. Abbott: — I think Dr. Thompson has more truth than poetry in his paper. It was my misfortune a few years ago to have a case of scarlet fever and the legal Board of Health declared they should have a night funeral and had it at half past seven. Our mail arrived at half past six and the funeral procession met most of the town's people going to or from the post office. The fear of infection got to such a pass there, that you would often see a team driving by and the lady with a muff to her face and the man with a red mitten, so as to steer clear of it.

Dr. Will S. Thompson: — Six years ago last winter I lost two little children with diphtheria. At that time I had already practiced medicine in Hallowell and in this city. I tried to do whatever was right, but I should have been crowded out of existence if some people could have had their wishes. People who would have come to our house to assist us were kept away. My wife was also sick in consequence of the terrible strain and the care of her little children, and one night a large woman endeavored to enter our home for the purpose of helping to care for her, and she was actually told by a police officer

that she could not enter. She says "I will," and gave him a good smart whack right across the face and walked in. My wife attributes her recovery to the kind care and attention she received from that woman that night. They objected to a boy coming as far as the barn with some baker's bread to keep us alive. I say that the Board of Health is responsible for such teachings. I did not appreciate it and you would not if you had been in my place.

Dr. J. H. Sherman: — I think there is a good deal of humbug about this matter of disinfecting. I am often asked the question, "What do you doctors do to prevent your spreading diseases?" "O," I say, "we smoke." I never did fumigate and I don't know of any of my friends fumigating. But attending small-pox patients in Boston, this last winter, I always made it a point to see them last. I am not conscious of ever carrying a disease to a patient in all my practice, and have not heard of other physicians doing so. I suppose they are just as likely to as anyone else, and I don't believe that this extra precaution they take is absolutely necessary.

Dr. J. M. Prilay: — I think Dr. Thompson's paper the best one we have heard for the day, and will be of more service to us than anything we have heard. It will to me. Lots of this fumigating business is a humbug and the sooner the profession and the laity get some foolish ideas out of their heads on the subject, the better off we shall be.

Dr. J. C. Gannett: — In Yarmouth, we have one man on the Board of Health that I hope will stay there as long as he lives. He is an old retired sea captain, having no

business, and can give the matter attention. He takes better care of the sick of contagious diseases, as they are called, than any of the Boards around there. Cases where it is doubtful if proper care will be taken, he will visit almost as often as the doctor, and looks after the fumigation of the house and sees it is done. In the next town below us I had four cases of scarlet fever. The baby died of malignant diphtheritic sore throat in connection with the scarlet fever. While the baby was sick and dying, the mother was sick in another bed. Soon after the baby died the aunt was taken sick in another room, and before she was able to get off her bed her brother was taken sick. They had all been in attendance on the baby as long as the baby lived. I notified the Board of Health of the town, when I was called to the baby. It had been sick several days then. They sent one of the members down who put a card on the house, and I believe sent a few circulars around issued by the state Board of Health. They made no visits to the family, knew nothing of how things were going on. When the child died, the father, who came the night before and wasn't in the house but a few hours, went up to the village in the town to make arrangements for the funeral. He wanted the undertaker to go down and see about a coffin. He refused absolutely, of course. He went to a minister and he refused, saying he had an engagement. The father was forced to carry the casket to the house and from the house to the grave. They did succeed in getting some one to dig the grave and cover the casket after it was put into the ground. The Board of Health didn't go near the house at all, till they were entirely over the disease — did

not know whether they had any food or anything about their condition. And as I read the wording of the law of the Board of Health in relation to these diseases, that family might have gone on and starved to death and their bodies decayed in the house and the house rotted to the ground and no one would have been permitted to go into that house or do anything about it. That is the letter of the law, how it reads, and that Board of Health acted up to it pretty well, and I don't think much of it. I think a Board of Health is a good thing if they will exercise a little of the judgment that God gives them to use and which all need to use in the treatment of what are called contagious diseases. When a man working in the chemical department of a pulp mill is driven home by his fellow workmen because they are afraid, if they come in contact with him, they will carry to their children some contamination that they may get from him, that he gets from his child who is sick at home, I think it is about time they learned something.

Dr. Will S. Thompson: — When my first child was buried my brother came, and if it had not been for him and his wife and my father and mother, we should have been, as you say, left to die and rot. The undertaker came very kindly, but when we wanted the hearse the driver objected and wanted to bring a pung, which I have seen groceries delivered in. My brother told him if he couldn't bring his hearse we would have another, and the hearse came. When it came to the burial of the second child we had the same trouble. He wanted to bring the grocery pung, but the hearse came the second time. I had a fatal case of diphtheria under my care of a minis-

ter's child. I took care of the child after its death; I helped to dress it and laid it into the casket. I brought the casket into the house and carried it out. The minister in his zeal to fumigate tore off his clothing and threw it into the fireplace. I said, "What makes you do this? That can all be taken care of." He said somebody told him he must do it, and months afterwards he said, "I wish I had that suit of clothes."

Dr. Nancy T. Williams: — Several years ago there were three cases of scarlet fever here, and from the first time it was announced that it was scarlet fever I was the only attendant for everything. I took the whole care of ordering their supplies, etc. for five or six weeks, till the last one was all through with it. None of the neighbors, in fact, nobody came in.

In Gardiner in 1875, we had an attack of scarlet fever and after the first two or three cases they began to rebel against the allopathic physicians going from one house to another, and they were all turned over to me and I had thirty-three. Everybody walked on the other side of the street from me and I had a quiet time of public isolation.

ARTICLE XV.

Complicated Labors, by John M. Prilay, M. D., of Bangor.

If we should consider all the causes of complicated labor this paper would supply all the material needed for the discussion of this Bureau, but as we shall speak of only a very few and those of a nature not often met, we will not take much of your time.

In Gurnsey's Obstetrics we find the definition of dystocia to be "unnatural, laborious, morbid or difficult labor." Who ever attended a case of confinement that would not, regarding it from the position of those most interested, be called a case of dystocia according to the above definition, for even the most natural labor is without question a laborious or difficult labor. And when we consider the very many causes which will change what first appears to be a perfectly normal labor to one of the very difficult class is it not a wonder why so few result disastrously either to the mother or child? It may be only one or it may be a combination of circumstances which makes a labor difficult, dangerous or impossible. And it is here that the careful physician is often undecided whether to wait a little longer for nature to do the work or, by using some means at his command, to assist to a favorable termination what otherwise might be an impossible delivery. But how are we to know just when and how to give the assistance necessary? Too much inter-

ference is oftentimes worse than none at all. And if the pains are regular and often, the strength of the patient good, time given between the pains for rest, if the presentation is normal, and there seems to be no obstruction of any kind, we think it best to wait what seems to be more than a reasonable time and let nature do the work rather than try to hurry the case. But if there are symptoms of exhaustion, if the pains appear to be insufficient, weak and prolonged so as not to give any rest between, or if some mechanical obstruction exists, then the sooner assistance is rendered the better, even then we are obliged to wait until the os is dilated, or nearly so, for until this stage of labor is reached little can be done towards relieving the mother or assisting nature in any way. And just here we sometimes meet a condition which if not attended to will greatly retard a labor and subject the mother to much unnecessary pain. The condition to which we refer is the failure of the anterior lip of the womb to fully dilate, and it becomes pressed down in advance of the presenting part. It becomes swollen, tender and often œdematous, and no doubt is more liable to become ruptured when at last the head or more likely the shoulders pass through. To relieve this condition it is necessary to try and dilate the thickened tissues by passing one or two fingers into the os between the anterior lip and head of the child and pressing it back between the pubes and head. This is best done during the interval between the pains. Several trials may be necessary but by persistent effort we shall succeed, and the next pain will force the head which has been held back, down to the perineum

The next complication to which I will refer is eclampsia. The following case is the only one I ever attended and as the percentage of such cases is small I trust it will be a long time before I shall see another. I was called one morning, some distance from home to see a patient that was suffering, the messenger said with some kind of a fit. I knew nothing of the case before and hadn't any information that it was a case of pregnancy. I found the patient having severe convulsions and the third one occurred while I was present. Not knowing the nature of the case before leaving home, I did not have instruments or chloroform with me, but if I had had both the instruments would have been of little use as the os had not commenced to dilate. I gave bell. and ignat. in alternation, and as there was no return of the trouble for an hour or more I ventured to return home, leaving directions to be called if symptoms of convulsions returned. At night I was called as the convulsions had returned and this time I went prepared. I commenced giving chloroform as soon as possible and soon had the convulsions under control; on examination I found the womb was dilating and the pains coming very regular and often. The chloroform was discontinued about an hour before delivery, without any return of the convulsions, and the labor progressed so rapidly that forceps were not needed. The placenta was adherent and was not expelled for nearly two hours. The patient remained in an unconscious state for three days. The remedies used seemed to do no good until stramonium was tried. That remedy, or nature, relieved the whole difficulty and she made a good recovery. The time she was kept under chloroform was between four and five hours.

The last case to which I shall call your attention came under my observation in March, last. The patient had been in labor about fifteen hours and was getting tired and worn out. On examination the os was well dilated and with the head presenting there seemed to be no reason why labor should not progress but it did not progress. An examination during a pain soon revealed the cause of delay. With every pain the vaginal walls contracted narrowing the canal to such an extent that it was impossible for the head to come down. A little ether was given to relieve the severity of the pains but this failed to relax the muscular tissue of the vaginal walls and perineum, and it was not until the patient was fully etherized and the forceps applied that delivery was accomplished. This was the only case I have ever seen where labor was retarded by the contracted condition of the vagina. The perineum will often cause trouble of this kind. The child was small and there seemed to be no reason why he should cause so much trouble in being born. The mother made a good recovery.

DISCUSSION ON DR. PRILAY'S PAPER.

Dr. J. H. Knox: — Dr. Prilay's paper speaking of convulsions reminds me of a case I had at one time. The patient was a young woman about seven months along. They had had two other physicians during the day and when I arrived there at night I found her in convulsions and she had had some eight or nine that day. I found the os dilated. I gave her ether and delivered. She immediately went into a convulsion. I gave her belladonna and gels. Those two remedies I have used in

convulsions and I have more confidence in them than in any others. Finally I gave her a hypodermic injection of half a grain of morphine. That was talked of last year, but I think I should do the same thing again. In fact she had got to have something to quiet her. I had given her ether and a hypodermic injection ten drops of gels. first. She never had any more convulsions and made a good recovery.

Dr. S. Abbott: — I never had but one severe case of convulsions and that was a fatal one. We did not try the morphine. That was before Dr. Harvey enlightened us. After the first convulsion she seemed to be perfectly dead, was entirely unconscious, and the larger part of the convulsions came after delivery. They were continuous and lasted about twenty-four hours.

Dr. A. I. Harvey: — The case I reported last year was very like the one Dr. Abbott speaks of. She had every appearance of a person in a shock of palsy, stertorous breathing, with a flushed face and wholly unconscious. I know just as well as I know anything that morphine saved that woman's life. I had tried my remedies faithfully, long enough to know they were doing no good. She had been seen by an old school physician, by my advice, and been given up as a fatal case, that probably would not live two hours. That was after I had given her a dose of morphine, and I gave her a grain, and I presume the physician might have been somewhat deceived by the influence of the drug, although he knew she had it. If I have another case of convulsions I should try my homœopathic remedies first and if I found, as I did in this case, that they were not doing any good

I should use my hypodermic syringe. I should not give a grain. I should try half a grain and repeat it if necessary. I think half a grain in a majority of cases would do, then if it is necessary to repeat it that can be done. In this case I was not obliged to repeat the dose. I think it is a good idea to remember this, because it may become in an emergency the very thing that would save a patient's life, although I do not believe in using morphine if it can be avoided. I have a hypodermic syringe, but I do not use it enough to keep it in good order. I always have to soak it before I can use it at all.

Dr. J. C. Gannett: — I am glad of that admission. We have it thrown at us that the homœopathic physicians buy more morphine than the old school. My hypodermic syringe I have to soak to make it all right. The only case of convulsions I ever had, began before the birth of the child. She was delivered by forceps and pretty quickly too, and she had one before the delivery of the placenta and one after and consciousness was not restored till five or six hours after the last convulsion.

Dr. J. M. Prilay: — The case ofconvulsions I reported the patient was not conscious after the first convulsions in the morning. What the remedies did that I gave her during the day towards preventing any more, I don't know, but she didn't have any more till about sunset. Then they came on again and I commenced the use of chloroform and I had a great deal of trouble in getting the placenta and after she was delivered, consciousness did not return and for three days she lay in a stupor, apparently in no pain. She took a little nourishment when they gave it to her. She could swallow. I don't

remember the remedies I gave her. I presume belladonna might have been one, but the third day she commenced to talk and call her husband by name and ask for a light, and remembering that somewhere in the *materia medica* I had seen that some conditions of stramonium like a light, I gave her stramo. and the next day she was all right.

Dr. D. C. Perkins: — It is sometimes said we learn more from our failures than our successes. In the past six years I have had four cases of convulsions. Two of the cases recovered, two did not. One of them was a singular case. A mother of two children engaged me to attend her at her confinement. Her husband told me about her having spasms at one of her confinements. When she was confined I took every possible precaution and although there were some symptoms of convulsions, there were none during her labor and the labor was an ordinary one and she went on and apparently made a good recovery. At the end of ten days the nurse allowed her to get up and dress, and then I supposed all danger was over and quit attending her. I think the next day her husband came to me in great haste, saying his wife was having a spasm. I found her in very violent convulsions. When she recovered she was speechless but still conscious, and would signify her answers to our questions by other means than speech; but the convulsions continued. I think she continued conscious for a day or two, and one side became fully paralyzed so she could make no motion whatever. I called counsel. After exhausting homœopathic remedies we resorted to hypodermic injections and to chloroform. The counsel recom-

mended chloroform instead of ether. We continued to give this, but as soon as she began to come out from under the effects of the cholorform she would have the most violent convulsions I ever saw and they grew more violent and more severe, till at the end of five or six days from the first convulsion, she died. I don't think I shall use a hypodermic syringe again in a case of that kind, I shall rely upon my homœopathic remedies and possibly ether. I certainly would not recommend the use of a hypodermic syringe from the results of that case.

Dr. A. I. Harvey:—Do you have any idea that she would have lived if she hadn't had them?

Dr. D. C. Perkins:—They didn't do any good and of course other medicines could not benefit her while she was under the influence of them. I used half a grain at a time for a dose.

Dr. Will S. Thompson:—One Sunday morning I was summoned to the door by an Italian who couldn't speak very much English and I could not understand his Italian, but I made out that they wanted me at a place about two miles from Hallowell. I tried to find out what the case was, who was sick but couldn't make out anything only "come damn quick." I went and found a woman in the beginning of labor with convulsions and all I had was my common case with me, having no thought of an obstetric case. I think I gave the woman gels. and then rode into Augusta and told my father I wanted him to stay around home and if I sent for him to come the same way the Italian wanted me to come. I hurried around to Hallowell and got my material and when I got back to the

woman, there sat a young allopathic physician and I told him if he wanted to take charge of the case he might but it was really my case. He said he had sent for the physician he was working for and he wanted me to stay by, and the Italian was anxious that I should stay and I thought possibly I might be of some assistance before the elderly physician arrived. As he did not come for sometime we resorted to ether to control the convulsions and decided that we would not wait any longer, as she ought to be delivered and the young man wanted me to perform the operation. I was just getting ready, when this man of years and experience, etc., appeared. I told him what I was about to do and offered him my instruments and told him he might operate. He threw them away in a very scornful manner and took some of his own and performed the operation of delivering the child and I know that he ruptured the os uteri because I heard it snap and the perineum he ruptured completely through the sphincter ani, and they thought he had done a really good job and I thought he did too. About six or seven months afterwards the Italian went away and I have never heard anything more about them, but if she is alive she is a miserable creature.

Dr. N. T. Williams: — I would like to report a case I had in Gardiner. The second day of the convulsions and unconsciousness Dr. Bell was called down. He staid four or five hours and left three remedies for me to use, belladonna, gels. and hyos. I used his remedies as he prescribed in the length of time. I got no beneficial effect apparently. In the afternoon of the third day I went to "looking up." I gave her a small dose of nitrate

of silver. In twenty minutes by my watch she lifted up her head and said, "so you come?" and we had no more trouble. An allopathic physician wanted her to have physic, another an injection.

Dr. J. C. Gannett: — We need to dig more than we do. We may find gold.

Dr. A. I. Harvey: — I think that is one fault that most of us make. I make it myself. I neglect my *materia medica* and do not put as much time on it as I ought.

ARTICLE XVI.

Placenta Prævia, by J. H. Knox, M. D., of Waterville.

My first case of placenta prævia came to me May 30, 1892, unsolicited, and I thought myself unprepared for it. I never had a very strong desire for a case of this kind, and as this was my first appearance in this neighborhood, the prospect was not very flattering.

Upon my arrival at the house they told me that the woman had been flowing for several months; and on entering the room I found the patient in an unconscious condition, in fact more dead than alive; her feet and hands were cold and she was almost pulseless. Beside the bed was a chamber mug nearly full of blood and a pile of saturated cloths. This I took in at a glance, realizing that I had work before me that would need my most careful and skillful attention. I backed into the hall, at the same time removing my coat and cuffs, ready for action.

The husband of the woman followed me out and I told him that if the case was what I thought it was, we should not be able to save the child and perhaps not even the mother, but would do the best we could. Upon examination I found the placenta completely covering the os. I run my finger along until I had peeled off one side of the placenta. I could then make out a round, smooth substance, which I concluded was the head of the child.

There was no pain. I gave a hypodermic injection of ergot and after considerable coaxing brought down the head, ruptured the membranes with my fingers and the child was soon born. From the small size of the child I concluded that there must be another, and on close examination I found that my suspicions were correct; there was still another. There were still no pains, no contractions, and I gave another injection of ergot, but with little benefit. All of this time my patient was flowing and growing weaker and I felt we were losing valuable time and something must be done at once or my patient would be dead. I ruptured the membranes of the second child, reached up and brought down a foot, turned and delivered the child. I then removed the placenta with considerable difficulty, being careful not to leave any of the membrane. The mother remained for several hours in a collapsed condition, then rallied. The mother and two boys are living and well to-day, with perfect satisfaction to all concerned.

ARTICLE XVII.

THE PRACTICE OF OBSTETRICS, BY B. C. WOODBURY, M. D., OF PATTEN, ME.

THERE is probably no part of the physician's work which is so much dreaded by the young members of the profession in the commencement of their professional lives as the practice of obstetrics. This comes in part from the natural timidity which every young M. D. feels when he is called to attend his first cases, and partly from the fear he has of meeting some of the bad cases he has read about in the books. I well remember with what fear and trembling I went to attend my first case and the intense satisfaction I experienced when the case terminated all right. This ordeal every one has to pass through and there is not much that can be said that will help matters. Time and a little experience will set everything right. There are however some things, which every accoucheur has to learn by experience, some of the smaller things of the art, which it seems to me might benefit the younger members of the profession to know beforehand, so to speak, and knowing which would save them a good deal of unneccessary anxiety. And in the first place I would not be understood as undervaluing a thorough knowledge of the obstetric art. The more knowledge the better, and this should be taught in the most practical manner possible.

There is no patient who demands more sympathy and

tender care than the lying-in woman, and we should bring to her aid in her hour of trial every resource which art can furnish or tender regard for her interest can suggest. On the other hand, we must not allow our sympathy to prevent the faithful discharge of our duty to her, nor shrink from the performance of any operation which her interest and safety demands.

I have said that the knowledge which the practitioner requires to enable him to practice the obstetric art successfully should be taught him in the most practical manner possible. By this I mean that, for instance, when he meets with a case which requires the forceps he need waste no time in trying to find out in just what position the fœtal head is, nor in what particular manner the blades of the forceps are to be applied to the head as taught by the older obstetrical writers. It took me some time to learn that in practice this is simply moonshine. For all practical purposes it is enough for the accoucheur to know that the head is the presenting part and that the forceps are to be applied to its sides and at the sides of the vulva. Other important points are to know just when it becomes necessary to resort to the forceps, how much force to use and the proper direction in which to use it. Doubtless all of you who are familiar with the works of the older writers on obstetrics remember the very minute directions which are given for applying the forceps in the different positions of the head. These rules as the observations of later writers have shown are of no practical value, and while it is important to know the position of the head as exactly as possible, in practice there is but one way to apply the forceps. It should be the aim of

teachers to simplify these matters as much as is consistent with a thorough knowledge and understanding of the subject. Students should be taught as plainly as possible just what they will have to meet in actual practice at the bedside so that when the young doctor is called to his first cases he will have his mind stored with practical knowledge of the obstetric art in all its details from the first examination to dressing the navel.

I well remember some of the trials which I experienced in the early years of my practice in the country with no physician nearer to me than ten miles. Although the women were generally healthy and the most of my cases were cases of natural labor, yet I occasionally met one that required all my resources in knowledge and self reliance, and I wish to say right here for the encouragement of the younger members of the profession who have not yet had much experience in obstetric practice, that the right thing to do in the emergencies you will sometimes meet, will always present itself to you if you do not allow yourselves to get excited. I have often been surprised at the readiness with which my early teachings came to my aid when I have had to meet single handed some hard case which required all the nerve and pluck that I could muster to carry me through. I remember one case that made me wish for the time being, that I had been somewhere else. The patient was about forty years old and had borne several children. The case was one of breach presentation and I think the first of that kind I had ever met with. After it had continued nearly twenty-four hours without very much progress being made, I began to think I needed help and requested the patient's

friends to call another physician. In the meantime the case began to show a little more progress. The presenting part came down so that by considerable effort I succeeded in fixing a blunt hook in the child's groin, and in due time, and after considerable exertion, I extracted a fourteen pound baby much to the patient's relief as well as my own. The consulting physician arrived in about two hours after it was all over.

There are some other matters that I wish to call attention to before closing this paper. I presume you are all in the habit of making pressure over the fundus of the uterus while the child is being expelled. I regard this as a measure of great importance as a means of preventing post partum hemorrhage and at the same time it compensates in a measure for the sudden withdrawal of the pressure of the gravid uterus on the other abdominal organs until they have become to some extent accustomed to the change. I generally commence to make pressure while the head is passing through the vulva and keep it up until ten or fifteen minutes after the afterbirth is delivered. While tying the cord and delivering the afterbirth I entrust to the hand of an assistant. Some old school writers advise giving a dose of ergot while the head is passing the vulva and another when the afterbirth is delivered. This might perhaps be of advantage in cases where it is known that patients are in the habit of flowing profusely after delivery.

Another point I wish to notice in this connection is the delivery of the afterbirth. This subject was discussed a few years since in some of the old school journals and there was quite a diversity of opinion as expressed by

the different writers on the subject, some advising to deliver immediately, while others thought it best to wait from ten minutes to half an hour. Now I have a simple rule that governs my action in these cases. I will say, however, that other things being equal the quicker the afterbirth is delivered the better, as its delivery is more easily effected while the parts are relaxed and before the volume of the placenta is increased by the accumulation of the blood behind it which usually follows its extraction.

The rule I have adopted in these cases is to wait until the uterus is firmly contracted and the patient feels some slight pains, keeping up in the meantime firm pressure over the fundus. The occurrence of these slight pains, which usually happens in the course of five or ten minutes, notifies me that the time for action has arrived. I now take hold of the cord with my left hand and pass my right finger well up until I feel the insertion of the cord, then press the placenta backwards towards the hollow of the sacrum at the same time making gentle traction on the cord, which is soon followed by the appearance of the placenta at the vulva where it is easily removed.

ARTICLE XVIII.

A Case of Spina Bifida, by H. M. Potter, M. D., of Gardiner.

It seems like carrying coals to Newcastle, for me to attempt a paper on obstetrics. Most of you have had a much larger experience in this branch of the profession than myself. Living in a small town where there are many physicians, my obstetrical practice is not large. On looking over my case book for the year, I find only normal cases of labor, both mother and child doing well. But one case of spina bifida occurs to me, which may be of interest to you. I attended Mrs. M. age twenty-five years, with her second child. The labor was not unusual; the pains severe, occurred regularly. After the birth of the child, the mother flowed profusely, and my attention was not called to the child for an hour or more. After the mother had been made comfortable, and there seemed no further danger of hemorrhage, the nurse called my attention to something unusual about the little girl's back. Upon examination I found in the lumbar region, a tumor about the size of a walnut lying on the spinal column. As the child cried, the tumor became tense, and by careful handling I could discover a non-union of the spinous processes. I readily recognized the case, as that rare anomaly, spina bifida. The child had a large head, and would undoubtedly have had hydrocephalus had it lived for any length of time. The tumor was covered by a thin skin, through which a bloody fluid oozed.

Realizing the gravity of the case I called in a physician who had had an unusually large obstetrical practice of forty years, yet he had never seen a case of spina bifida. All the books available on the subject were industriously searched, all authors consulted, arguing that the most frequent obstacle to the successful treatment of spina bifida was the common presence of the nerves and spinal cord in the tumor. Early operation for the extirpation of such tumors was discouraged. In this case it seemed best to wait and try palliative measures. The tumor was carefully dressed with absorbent cotton, smeared with vaseline and calendula cerate and calc. carb. was given several times a day. As the mother's milk was poor and scanty, the child was fed on diluted cream, meat juice, etc. The tumor increased little in size but the child never gained a pound in flesh and constantly wasted away, dying in a convulsion when about six weeks of age.

DISCUSSION ON DR. POTTER'S PAPER.

Dr. Will S. Thompson: — I have been to-night to see a child that is about seven months old, who is dying in the same way. The head is very large indeed now. The tumor at the time of the birth was about one inch in diameter. It has increased in size till it protrudes so much from the back that the mother was distressed at taking care of it and wanted me to lance it. Realizing that the child would not live anyway and perhaps might be more comfortable, on Saturday last I lanced it, and the discharge, after a little bloody discharge from the outside of the tumor, was entirely water and it has continued to weep and is weeping now. The child's body has not

increased in size at all that I can see, and it has no use of the limbs or hasn't had for four or five weeks.

Dr. M. F. Cushman: — I should like to mention in this connection an experience in the Massachusetts Homœopathic Hospital, where I assisted at an operation for spina bifida. The patient was a child four months old, normal in size and general development, well-nourished and showing no impairment of functions. Its parents were both very young and had two perfect children. This third child, presented at birth a tumor over the lumbar region the size of a dollar. After two months this tumor began to increase in size and at the time I first saw it, was as large as an orange, somewhat flattened and very sensitive. The size and tenderness were still increasing and the child was beginning to refuse nourishment and be very restless. The surgeons gave little encouragement, but the parents were anxious to have an operation attempted as a last chance for help.

Dr. Winn performed the operation. The child took ether well. Through a pin-hole opening the contents of the sac, the clear, characteristic spinal fluid, was allowed to escape slowly. An incision was then made along the median line. The dura mater and skin were so blended that separation was impossible. The deficiency in the spinal arch was in the middle lumbar region, about two and one-half inches long and an inch wide. On either side of the sac the cutaneous nerves were spread out in a dense network. These were separated with much difficulty, and the dura mater united over them after being scarrified and curetted on either side of the spinal canal. Fine continuous catgut was used. About an inch and a half

further on the membranes were again brought together. Superfluous portions of the sac were cut away and the skin united with catgut. The wound was supported by adhesive straps and dressed with sterilized gauze. There was no embarrassment of respiration nor muscular contraction during the long operation.

The child came out of ether well, seemed to suffer little if any pain, took nourishment readily and the temperature rose but little. The following day it slept well, nursed well and had little fever. The third day it became drowsy, with loss of motion of the feet, head thrown back, but no crying. It refused to eat, temperature rose to 105°, respiration was ninety-two a minute. The next day the drowsiness increased and the child died without any convulsions. This is the only radical operation for spina bifida that I have seen, and it was a failure.

ARTICLE XIX.

Experience of a Country Doctor in the Practice of Obstetrics for the Last Thirty-eight Years, by C. A. Cochran, M. D., of Winthrop.

To a country physician the practice of obstetrics — so far as dollars and cents go — is not a profitable one. At any rate this is my experience (where the fee is from five to seven dollars); for, too often, a whole night or day's work is taken, and for operative and instrumental work ten dollars seems to be an exorbitant price to many patrons. For this reason I have not sought, but avoided to the best of my ability, this branch of a doctor's business, and consequently my whole number of confinement cases for the many years that I have been in practice is not so large as that of many of my younger brethren, but plenty large enough for me. As I am a member of the Bureau on Obstetrics, I presume I am expected to say something on the subject and so offer the following statistics (copied from my obstetrical records), which may be neither interesting nor instructive, but certainly brief: —

Whole number of confinements, - - -	415
" " " multiparæ, - - - -	250
" " " primiparæ, - - - -	165
Have administered ether or chloroform, - -	69
Have delivered with forceps, - - - -	45

Have lost two cases from peritonitis.

Have had eight cases of ruptured perineum. One of these cases had fifty-seven convulsions from the beginning of labor until twenty-four hours after its completion. Both child and mother saved.

Of the whole number of births 215 were males and 200 were females.

Total weight 3,385 pounds. Average weight eight and one half pounds or thereabout.

Still born, eight cases.

Deformities, five cases, two of which were spina bifida, two had cleft palate and one imperforate anus.

Report of Dr. J. M. Prilay, Delegate to the Massachusetts Homœopathic Medical Society.

I was very much pleased with my trip to Boston and attendance at the Massachusetts Medical meeting this spring. It was their semi-annual meeting, their annual one occurs in October. The first day of the session all the members went out to the Westboro asylum, took lunch, went over the asylum and had the report of the Bureau of Nervous Diseases there in the chapel. It was a most interesting meeting. I took a few notes ot some of the statistics that they keep in the institution, in regard to the percentage of recoveries, etc. at Westboro as compared with the four allopathic asylums of the state. They had charts there exhibiting the percentages and the rates of recovery in the recoverable cases, excluding the alcoholic. They have quite a number of these that they treat for a short time and that is all that is necessary. The number of recoveries in the cases mentioned at Westboro is 53.39 in a hundred. The average in the other four asylums 24.64 in a hundred, more than doubled at Westboro. They have several different classes and I took the rates in all of the recoverable cases. In acute mania the percentage at Westboro is 55.05, and in the other four asylums 34.94. In acute melancholia the number in a hundred cured at Westboro 50.68, in the other four 27.68. It seems to me if such statistics as those are presented to our legislature in a proper form, they ought to have great weight in securing for Homœopathy the

hospital which we shall have at Bangor sometime. Our allopathic brethren will get it if they can and if we don't begin to make a fight for it we shall not get it anyway, and if we do make a fight we shall get part of it sometime may be.

That evening the society gave a dinner at the Vendome, and there were about two hundred and sixty members and their friends there. The governor was there and made a speech, and we had a very interesting meeting. The day following they had the report of the other Bureaux. The attendance was not very large, perhaps the percentage was not larger than we have here. They had some very interesting papers and I felt very well paid for my trouble in going, and I think if the delegates would attend these meetings, when they were appointed, that they would be repaid, whether it is Massachusetts or any of the other states.

DISCUSSION ON DR. PRILAY'S REPORT.

Dr. J. C. Gannett: — Dr. Cushman suggests that Dr. Adams and Dr. Payne, former physicians in charge of the Westboro asylum, especially Dr. Payne, might be willing to come down here and help us with the legislature to obtain a homœopathic asylum. Dr. Payne has personally been through the mill in Massachusetts.

Dr. J. M. Prilay: — Dr. Adams told me that any documents that they had there in their possession or any papers, he would be glad to furnish us. He seemed to take quite an interest in our hospital.

Dr. W. F. Shepard: — When I was Chairman of the Committee on Legislation two years ago, I wrote to Dr.

Payne and the superintendent of the asylum at Minneapolis and the doctor at Middleton, and each one sent their full statistics, and in addition to that I have a large mass of statistics which Dr. Harvey obtained when he was Chairman of the same Committee, which are at the disposal of the new Committee. I noticed a report in some paper the other day in which Dr. S. Weir Mitchell, of Philadelphia, made a speech on the care of the insane, and he made an admission, which I thought was quite a large one for him, that he didn't know of but one asylum in the United States, that had really made any attempt to ameliorate the condition of the insane with any success; that one was at Westboro, Mass. I thought that was quite a compliment.

LIST OF MEMBERS JUNE 5, 1894.

* Deceased. † Left the state. ‡ Dropped. § Withdrawn.
The figures placed before names indicate the date of membership.

1886 Abbott, Edward S., M. D. ..... Bridgton
1888 † Abbott, Solon, M. D. ..... Biddeford
1893 Ayers, Belle Shephard, M. D. ..... Rockland
1872 * Babcock, John L., M. D. ..... Hallowell
1867 * Barrows, John H., M. D. ..... Gardiner
1867 † Bell, James B., M. D. ..... Augusta
1867 ‡ Blaisdell, J. M., M. D. ..... Bangor
1867 § Boynton, Sumner H., M. D. ..... Rockland
1892 Bowman, A. D., M. D. ..... Lewiston
1867 Bradford, Herbert C., M. D. ..... Lewiston
1867 * Bradford, Richmond, M. D. ..... Auburn
1885 Briry, Edward E., M. D. ..... Bath
1867 Briry, Milton S., M. D. ..... Bath
1885 † Brooks, Caroline F., M. D. ..... Augusta
1867 * Burr, Charles H., M. D. ..... Portland
1876 † Calderwood, Samuel, M. D. ..... Waldoboro
1884 Chase, Lyman, M. D. ..... Kennebunkport
1867 * Clark, Eliphalet, M. D. ..... Portland
1871 Clark, George A., M. D. ..... Portland
1867 * Clark, George R., M. D. ..... Portland
1887 Cleveland, W. F., M. D. ..... Eastport
1867 Cochran, Charles A., M. D. ..... Winthrop
1891 Cole, Charles R., M. D. ..... Rockland
1876 † Dillingham, Thomas M., M. D. ..... Augusta
1867 * Dodge, Moses, M. D. ..... Portland
1875 ‡ Dodge, Rudolph L., M. D. ..... Portland
1872 § Drake, Olin M., M. D. ..... Ellsworth
1886 Drake, Thomas N., M. D. ..... Pittsfield
1867 ‡ Dresser, B. L., M. D. ..... Machias

1892 Durgin, Edwin H., M. D. ..... Searsport
1887 Dwinell, Maurice K., M. D ..... Waterville
1887 * Eaton, Hosea B., M. D. ..... Rockport
1867 ‡ Eaton, Hosea B. jr., M. D. ..... Rockport
1880 Emery, J. T. G., M. D. ..... South Waterboro
1893 Esmond, Henry B., M. D. ..... Houlton
1867 † Esten, John, M. D. ..... Rockland
1878 Fellows, William E., M. D. ..... Bangor
1867 Flanders, David P., M. D. ..... Belfast
1871 Foss, Charles M., M. D. ..... Dexter
1867 * Gallupe, William, M. D. ..... Bangor
1873 Gannett, James C., M. D. ..... Yarmouth
1892 Graves, Roscoe L , M. D. ..... Saco
1867 Graves, S. P., M. D. ..... Saco
1882 * Gushee, Frank A., M. D. ..... Appleton
1879 Haines, William M., M. D. ..... Ellsworth
1868 ‡ Hall, Ivory S., M. D. ..... Hallowell
1888 † Hallowell, Henry C., M. D. ..... Auburn
1890 Hanscom, W. V., M. D. ..... Rockland
1889 Harvey, Albion K. P., M. D. ..... Lewiston
1881 Harvey, Austin I., M. D. ..... Newport
1880 † Harvey, W. E., M. D. ..... North Anson
1890 † Haynes, M. H., M. D. ..... Waterville
1886 Heald, Albion P., M. D. ..... Thomaston
1884 Heath, Gertrude E., M. D. ..... Gardiner
1892 Hill, W. Scott, M. D. ..... Augusta
1867 † Hincks, E. F., M. D. ..... Thomaston
1881 Holmes, Manuel S., M. D. ..... Oakland
1880 * Howe, W. S., M. D. ..... Lewiston
1867 Jefferds, George P., M. D. ..... Bangor
1887 † Jefferds, Henry C., M. E. ..... Bangor
1892 Jewell, L. C., M D. ..... Cape Elizabeth
1886 Johnson, Cora M , M. D. ..... Skowhegan
1883 † Judkins, C. W., M. D. ..... Hartland
1888 ‡ Kalbfleisch, Emma, M. D. ..... Portland
1878 †Kimball, L. Houghton, M. D. ..... Bath
1888 King, James M., M. D. ..... Damariscotta

1875 † Knowles, W. K., M. D. ..... Bangor
1887 Knox, J. H., M. D. ..... Waterville
1880 † Laird, William T., M. D. ..... Augusta
1878 Lyford, F. O., M. D. ..... Farmington
1881 † McIntosh, Frank L., M. D. ..... Augusta
1889 Merrill, E. Delmon, M. D. ..... Dover
1868 † Morrill, G. H., M. D. ..... Augusta
1890 Morrison, C. C., M. D. ..... Bar Harbor
1891 Ohler, Anna G. C., M. D. ..... Portland
1881 ‡ Palmer, John T., M. D. ..... Portland
1892 Parsons, Arthur L., M. D. ..... Bucksport
1893 Paul, C. Almon, M. D. ..... Solon
1867 †Payne, Frederick W., M. D. ..... Bath
1867 * Payne, William E., M. D. ..... Bath
1874 Perkins, D. C., M. D. ..... Rockland
1876 Perkins, Wesley B., M. D. ..... Malden, Mass.
1886 Philbrick, C. S., M. D. ..... East Corinth
1881 * Pickard, Adoniram J., M. D. ..... Carmel
1881 Pingree, Malcolm C., M. D. ..... Portland
1876 Piper, A. F., M. D. ..... Rockport
1879 Potter, Huldah M., M. D. ..... Gardiner
1887 Prilay, John M., M. D. ..... Bangor
1867 * Pulsifer, Moses, M. D. ..... Ellsworth
1867 * Pulsifer, N. G. H., M. D. ..... Waterville
1891 Pulsifer, Ralph H. M. D. ..... Skowhegan
1872 † Pulsifer, Thomas B., M. D. ..... Ellsworth
1887 Pulsifer, William M., M. D. ..... Skowhegan
1887 Ramsay, A. D., M. D. ..... Montville
1873 Richards, David S., M. D. ..... Richmond
1867 * Roberts, Francis A., M. D. ..... Waterville
1871 † Robinson, J. Blake, M. D. ..... Gardiner
1867 Savage, James W., M. D. ..... Bath
1881 ‡ Sewall, Samuel G., M. D. ..... Skowhegan
1867 Seymour, D. E., M. D. ..... Calais
1867 Shackford, Rufus, M. D. ..... Portland
1876 Shepard, W. F., M. D. ..... Bangor
1874 § Skinner, David N., M. D. ..... Auburn

1879 Stevens, Mary W. B., M. D. ..... Auburn
1882 Stilson, W. C., M. D. ..... Bucksport
1876 § Sylvester, Silas E., M. D. ..... Portland
1867 * Thompson, Greenfield P., M. D. ..... Yarmouth
1867 Thompson, William L., M. D ..... Augusta
1879 Thompson, Will S., M. D. ..... Hallowell
1880 † Turner, T. C., M. D. ..... Norway
1876 Vose, Edwin F., M. D. ..... Portland
1874 * Watters, Henry, M. D. ..... Mechanic Falls
1872 Watters, William, M. D. ..... Lynn, Mass.
1881 Whidden, John W., M. D. ..... Portland
1880 Whiting, Walter B., M. D. ..... Malden, Mass.
1867 * Wiggin, Nathan, M. D. ..... Rockland
1885 Williams, Nancy T., M. D. ..... Augusta
1867 * Williams, R. R., M. D. ..... Gardiner
1879 Woodbury, B. C., M. D. ..... Patten
1874 * Wright, W. S., M. D. ..... Skowhegan

ELECTED TO MEMBERSHIP, 1894.

Cushman, Mary F., M. D. ..... Castine
Hall, Edgar L., M. D. ..... North Vassalboro
Morrison, W. S., M. D. ..... St. John, N. B.
Odiorne, Ada F., M. D. ..... Portland

HONORARY MEMBERS.

1893 Boothby, Alonzo, M. D. ..... Boston, Mass.
1867 Cate, S. M., M. D. ..... Harvard, Mass.
1871 Drake, J. W., M. D. ..... Dover, N. H.
1871 Farnsworth, C. H., M. D. ..... East Cambridge, Mass.
1871 * Gale, S. M., M. D. ..... Newburyport, Mass.
1892 Sherman, J. H., M. D. ..... East Boston, Mass.
1867 Whiting, D., M. D. ..... Shirley, Mass.

ACTUAL MEMBERSHIP, JUNE 20, 1894.

Abbott, Edward S., M. D. ..... Bridgton
Abbott, Solon, M. D. ..... Biddeford
Ayers, Belle Sheppard, M. D. ..... Rockland
Bowman, A. D., M. D. ..... Lewiston
Bradford, Herbert C., M D ..... Lewiston
Briry, Edward E., M. D. ..... Bath
Briry, Milton S., M D. ..... Bath
Chase, Lyman, M. D. ..... Kennebunkport
Clark, George A., M. D. ..... Portland
Cleaveland, W F., M. D. ..... Eastport
Cochran, Charles A., M. D. ..... Winthrop
Cole Charles R., M. D. ..... Rockland
Cushman, Mary F., M. D ..... Castine
Drake, Thomas N., M. D. ..... Pittsfield
Durgin, Edwin H., M. D. ..... Searsport
Dwinell, Maurice K., M. D. ..... Waterville
Emery, J. T. G., M. D. ..... South Waterboro
Esmond, Henry B., M. D ..... Houlton
Fellows, William E., M. D. ..... Bangor
Flanders, David P., M. D. ..... Belfast
Foss, Charles M., M. D. ..... Dexter
Gannett, James C., M. D. ..... Yarmouth
Graves, Roscoe S., M. D. ..... Saco
Graves, S. P., M. D. ..... Saco
Haines, William M., M. D. ..... Ellsworth
Hall, Edgar I., M. D. ..... North Vassalboro
Hanscom, W. V., M. D ..... Rockland
Harvey, Austin I., M. D. ..... Newport
Harvey, Albion K. P., M. D. ..... Lewiston
Heald, Albion P., M. D. ..... Thomaston

Heath, Gertrude E., M. D ..... Gardiner
Hill, W. Scott, M. D ..... Augusta
Holmes, Manuel S., M. D ..... Oakland
Jefferds, George P., M. D ..... Bangor
Jewell, L. C., M. D ..... Cape Elizabeth
Johnson, Cora M., M. D ..... Skowhegan
King, James M., M. D ..... Damariscotta
Knox, J. H., M. D ..... Waterville
Lyford, F. O., M. D ..... Farmington
Merrill, E. Delmont, M. D ..... Dover
Morrison, C. C., M D ..... Bar Harbor
Morrison, W. S., M. D ..... St. John, N. B.
Odiorne, Ada F., M. D ..... Portland
Ohler, Anna G. C., M D ..... Portland
Parsons, Arthur L., M. D ..... Bucksport
Paul, Almon C., M. D ..... Solon
Perkins, D. C., M. D ..... Rockland
Perkins, Wesley B., M. D ..... Malden, Mass.
Philbrick, C. S., M. D ..... East Corinth
Pingree, Malcolm C., M. D ..... Portland
Piper, A. F., M. D ..... Rockport
Potter, Huldah M., M. D ..... Gardiner
Prilay, John M., M. D ..... Bangor
Pulsifer, Ralph H., M. D ..... Skowhegan
Pulsifer, William M., M. D ..... Skowhegan
Ramsay, A. D., M. D ..... Montville
Richards, David S., M. D ..... Richmond
Savage, James W., M. D ..... Bath
Seymour, D. E, M. D ..... Calais
Shackford, Rufus, M. D ..... Portland
Shepard, W. F., M. D ..... Bangor
Stevens, Mary W. B., M. D ..... Auburn
Stilson, W. C., M. D ..... Bucksport
Thompson, William L., M. D ..... Augusta
Thompson, Will S., M. D ..... Hallowell
Vose, Edwin F., M. D ..... Portland
Watters, William, M. D ..... Lynn, Mass.

Whidden, John W., M. D. ..... Portland
Whiting, Walter B., M. D. ..... Malden, Mass.
Williams, Nancy T., M. D. ..... Augusta
Woodbury, B. C., M. D. ..... Patten

CONSTITUTION

AND

BY-LAWS.

ACT OF INCORPORATION.

STATE OF MAINE.

In the year of our Lord one thousand eight hundred and sixty-seven.

AN ACT to incorporate the MAINE HOMŒOPATHIC MEDICAL SOCIEY.

Be it enacted by the Senate and House of Representatives in Legislature assembled as follows:

SECTION 1. W. E. Payne, M. R. Pulsifer, E. Clark, H. B. Eaton, C. H. Burr, W. L. Thompson, N. G. H. Pulsifer, J. M. Blaisdell, J. Esten, M. S. Briry, Geo. R. Clark, B. L. Dresser, N. Wiggin, J. H. Barrows, J. W. Savage, S. H. Boynton, F. A. Roberts, and James B. Bell and others who may be elected agreeably to the rules and by-laws hereafter to be established, are hereby created a body politic, by the name of the Maine Homœopathic Medical Society, with power to sue and be sued, to have a common seal, and to change the same, to make any by-laws not repugnant to the laws of this State.

[Approved by the Governor.]

CALL ISSUED

FOR A

Maine Homœopathic Medical Society.

To.....*M. D.*

MY DEAR COLLEAGUE:—I am directed by a vote of the Central Homœopathic Medical Association of Maine to issue a call to the several members of our School throughout the state, to meet in convention at the City Council Room, Augusta, the 3d TUESDAY of January, proximo, at 10 o'clock A. M., for the purpose of organizing a State Society.

The interests of Homœopathy in this state seem to demand an organization of this kind, and the general sentiment of the profession favors the present time. It is to be hoped, therefore, that nothing but necessity will keep you away from the proposed meeting.

It is proposed to hold an adjourned meeting of the CENTRAL HOMŒOPATHIC MEDICAL ASSOCIATION OF MAINE at the same place, immediately after the state organization is effected, in the deliberations of which you are hereby invited to take an active part. Please favor me with an early reply.

Fraternally yours, WM. E. PAYNE,
Pres. Me. Cen. Hom. Assoc.

BATH, Dec. 24, 1866.

Pursuant to the foregoing call there was holden at Augusta, in the City Council Room, on the 15th day of

January, 1867, a meeting composed of the following members of the Homæopathic profession of Maine, viz: —

Wm. E. Payne, Bath,
Chas. H. Burr, Portland,
Jas. W. Savage, Wiscasset,
John Esten, Rockland,
Jas. B. Bell, Augusta,
S. H. Boynton, Skowhegan,
F. A. Roberts, No. Vassalboro,
B. L. Dresser, Searsport,
M. R. Pulsifer, Ellsworth,
M. S. Briry, Bath,
Nathan Wiggin, Rockland,
Geo. R. Clark, Portland,
Wm. L. Thompson, Augusta,
H. B. Eaton, Rockport,
J. H. Barrows, Gardiner,
J. M. Blaisdell, Bangor,
N. G. H. Pulsifer, Waterville.

The convention was called to order by Dr. N. G. H. Pulsifer of Waterville, and Dr. M. R. Pulsifer of Ellsworth, was chosen by the convention temporary chairman, and Dr. James B. Bell temporary secretary.

Prayer was offered by the Rev. D. B. Randall of Augusta, for which the convention passed him a vote of thanks.

Drs. Thompson, Burr, Eaton, Esten and Blaisdell, were appointed a committee by the chair to nominate permanent officers.

Drs. Payne, Bell, Burr, Dresser and Boynton, were appointed a committee to report a constitution and by-laws to the convention.

The committee made a report of the following constitution and by-laws which were adopted by the convention.

CONSTITUTION

OF THE

Maine Homœopathic Medical Society.

ARTICLE I.— Name.

This Association shall be known by the name of the MAINE HOMŒOPATHIC MEDICAL SOCIETY.

ARTICLE II.— Object.

The object of this Society shall be the cultivation of the science and art of medicine, the promotion of friendly intercourse between its members, and of greater harmony of action among them.

ARTICLE III.— Members.

This Society shall consist of those physicians who may become members at this organization, and also all those Homœopathic physicians of the state of Maine who may be hereafter duly elected in conformity with its by-laws.

ARTICLE IV.— Officers.

The officers of this Society shall consist of a president, two vice-presidents, a corresponding secretary, a recording secretary and a treasurer, with such other officers as may be designated by the by-laws, to be chosen at such a time and in such a manner, and for such a period, and with such duties as those by-laws shall ordain.

ARTICLE V.— Seal.

The Society shall have and use one common seal, with such a device and inscription as the Society in its deliberative capacity shall determine.

ARTICLE VI.— Alteration or Amendment.

This constitution may be altered or amended by a vote of two thirds of all the members present at any regular annual meeting, provided that notice of such alteration or amendment shall have been given in writing, at a previous annual meeting of this Society.

BY-LAWS.

I. The Maine Homœopathic Medical Society shall hold one session annually, at such time and place as may be determined upon by the Society from time to time, and a special meeting of the Society shall be called by the president whenever eight members shall make a written request, setting forth therein the object of said meeting, which object shall be stated in the notice sent out to the members, and no other business shall be transacted at such special meeting than that embraced in the call and notice, as issued to the several members.

(Addenda, May, 1871.) Insert instead of "eight members shall make a written request," "it shall in his judgment be deemed advisable."

II. The officers of this Society shall be a president, two vice-presidents, a corresponding secretary, a recording secretary, a treasurer, and five censors, who together shall constitute an executive committee, to whom shall be entrusted the general business of the Society, when not in session, and shall be elected annually by ballot, and a majority of all the votes shall be necessary to a choice, and each of the officers above named shall continue in office till the adjournment of the annual meeting next after their election, at which time the duties of the newly elected officers shall commence. The general duties of the officers shall be as herein prescribed.

III. The president shall preside at all meetings of the

Society and of the executive committee, taking the chair at the appointed hour—call the members to order, cause the roll of membership to be called, and so much of the journal of preceding meeting to be read as relates to unfinished business. He shall preserve order and conduct the business of the meeting according to accepted parliamentary rules. He shall deliver an address before the Society at the commencement of the next annual meeting after his election. He shall appoint all committees not otherwise ordered, and direct the recording secretary to call extra meetings when required, as provided by the first section of the by-laws.

IV. The vice presidents shall preside in the absence of the president, and in case the office of president shall become vacant, they shall perform the duties of that office until the next succeeding election, the senior officer taking the precedence. In the absence of both president and vice presidents the senior censor shall preside, or should all those officers be absent the Society may choose a chairman to preside at said meeting.

V. The corresponding secretary shall have charge and custody of all letters and communications addressed to the Society, conduct the necessary correspondence, and in the absence of the recording secretary he shall discharge the duties devolving upon that officer.

VI. It shall be the duty of the recording secretary to give proper and timely notice of the meetings; keep a record of all the proceedings of the Society; notify members of their election; sign, in conjunction with the president, certificates of membership and diplomas, record the names of members, date of admission, and other re-

quired particulars; preserve all papers delivered to him and allow none at any time to pass out of his hands except by the direction of the Society; he shall notify the chairman of all committees appointed by the Society of his appointment, stating the commission and the names of the committee, and at the close of his term of office he shall deliver the records and other papers belonging to the Society into the hands of his successors in office.

VII. It shall be the duty of the treasurer to receive and keep all moneys belonging to the Society, and pay all bills after they shall have been approved by the executive committee. He shall keep an accurate account of all receipts and expenditures, and submit his account with vouchers for all expenditures at each annual meeting, which account shall be audited by a committee on the treasurer's account, chosen by the Society.

VIII. It shall be the duty of the censors to receive and examine the credentials of all applicants for membership, and report to the Society for election of all such persons as may be found properly qualified according to the requirements of the by-laws. (Addenda, May, 1876.) And the censors shall report to the Society the medical college, and date of graduation of each successful applicant from which he received his diploma, which shall be recorded by the secretary if admitted to membership. The censors shall be in session at each annual meeting, three of whom shall constitute a quorum.

IX. Any person shall be eligible to membership who has received the degree of Doctor of Medicine from a legally authorized medical institution, sustains a good moral character, and acknowledges and practices medi-

cine according to the law *Similia Similibus Curantur*, and having been examined and approved by the board of cen sors he shall be elected by ballot at the annual meeting, and become a member of the Society by signing the by-laws, and paying into the treasury the sum of two dollars as an admission fee.

(Addenda, May, 1868.) And one dollar as an annual tax at each annual session for the current year in advance.

(Addenda, June, 1884.) Any person who may be proposed for membership in this Society, and reported upon by the board of censors, shall be balloted for in open convention and declared elected, provided not more than three black balls appear against him or her.

(Amendment, June, 1890.) That the word one in addenda to by-law IX be changed to the word two, the change to run from June, 1892, thus making the annual tax two dollars instead of one from that date.

X. It shall be the duty of each member of the Society to make a written or verbal communication at every annual meeting, having a practical bearing on the interests of Homœopathy, and to make every reasonable effort to attend punctually all the meetings of the Society, and assist in making them useful and interesting.

XI. Any member of this Society shall forfeit his membership and be expelled therefrom by a vote of two-thirds of the members present at any regular meeting, on the substantiation of either of the following charges, provided he shall have had due notice through or by direction of the executive committee, of the charges preferred, and the time and place where such charges are to be investigated, and thereby had opportunity afforded him to appear before the Society and speak in his own defense:

First. For any gross immorality, habitual intemperance, or the perpetration of any crime against the laws of the country, and the abetting thereof.

Second. For any attempt to subvert the object or injure the reputation and standing of this Society, or any member thereof.

Third. For an attempt to enhance his individual interests, and injure scientific medicine by advertising, vending, or pretending to a knowledge and use of any secret nostrums.

Fourth. For making a false representation either in his own behalf or that of any student of medicine, or any aspirant to membership of this Society, thereby attempting to securing undeservedly positions of eminence by professional indorsements.

Fifth. For habitually holding professional consultations with persons who practice medicine without the professional acquirements necessary to entitle them to the confidence of the members of the Society.

Sixth. (Addenda, May, 1872.) By refusing or neglecting to pay the annual tax or assessment of one dollar for three years, unless excused by vote of the Society.

XII. There shall be chosen by ballot at each annual meeting two delegates to represent this Society in the next succeeding meeting of the American Institute of Homœopathy, and such delegates shall be furnished with certificates of their election by the recording secretary.

(Addenda, June, 1884.) The word two in by-law XII be stricken out and the word four inserted in its place.

Two delegates shall be chosen to represent this Society in the next succeeding meeting of each Homœopathic Society in New England.

XIII. All papers read before, and communications addressed to this Society, shall become its property, but no paper shall be published as a part of the transactions except by a vote of the Society; nor shall the reception or publication by this Society or any paper be considered as an indorsement of its sentiments.

XIV. The presiding officer shall preserve order in the meetings of the Society according to parliamentary rules. The following shall be the order of the business:

First. Calling the roll of members.

Second. Annual address by the president.

Third. Reading so much of the minutes of the last meeting as relates to unfinished business, or matters referred to the next meeting.

Fourth, Appointment of committees on treasurer's account.

Fifth. Report of treasurer, with vouchers of expenditures.

Sixth. Report of committees appointed at the last meeting.

Seventh. Balloting for new members.

Eighth. Reading of papers and miscellaneous business.

Ninth. Informal conversation on scientific subjects.

Tenth. Choice of officers for the ensuing year.

Eleventh. Choice of delegates to American Institute of Homœopathy.

Twelfth. Reading the minutes for correction and approval.

Thirteenth. Time and place of next meeting, and committee of arrangements.

Fourteenth. Adjournment.

The above order may be varied or suspended for the

time, by common consent, or by a vote of two-thirds of the members present.

XV. The established fee bill of physicians in the vicinity of members of this Society shall govern their charges for services, but may be reduced from inability to pay the regular fee. But it shall be considered dishonorable to diminish the standard fees with a view to mercenary competition, but gratuitous services to the poor are always commendable.

XVI. The seal shall be affixed to all official documents of the Society. One seal shall be kept by the president, and another by the recording secretary.

XVII. These by-laws may be altered or amended by a vote of a majority of the members present, at any annual meeting of the Society.

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